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I PROPERTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page 6 may be retained by the hospital or attending physician.	THE PRINCE AND INSECT AND INSECTIONS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	The minim 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	DOPTANT: Hitem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Las., 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Dennis 1340p 02 92 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 55 DAYS HOURS 1 M 2 | F 1/30/1937 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HATTVERSTTY HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 YES 2 1 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 USA 5802 CHIPPEWA DR 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2, 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) BUILDING SUPPLIES SALES 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ROSANNE EDWARD ROTHOUSE (UNKNOWN) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5 6802 CHIPPEWA DR. BALTIMORE, MD 21209 MRS. CYNTHIA ROTHOUSE must be 20g. METHOD OF DISPOSITION
1, Burlal 2 Cremation 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 6 Other (Specify) 2/7/92 BALTIMORE HEBREW REISTERSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE DICEASEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 23 PART / Enter the ciseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or fleart failure. List only one cause on sech line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition Motostuft Report To (OR AS A CONSEDUENCE OF): Renal Cell Carcinoma event, resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause, Enter UNDERLYING CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO gastonlestral bleeding 1 TYES 2 PNO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 26a. PLACE OF INJURY — Al home, farm, street, lactory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🔲 Homicide TANT: If item 29e. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 192 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) zick S. Geene ST. Omec.

31. DATE FILED (Month, Day, Year)

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	Dora Smith 4. SOCIAL SECURITY NUMBER	5. SEX	- and the cone he	to the state of	1				February	-	
	218-05-2357	1 🗆 M 2 🔀 F	6. AGE (In yrs. las	yrs.	IF UNDER MONTHS	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year 0 -19 -	12 1	B. BIRTHPLACE (State or Foreign Country)
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FUNERAL		310N .	51			-	2/5	217	,	u	SA
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AF	AMED NO	13.	WAS DEC	CENDENT (OF HISPAN	NIC ORIGIN? (Specify on, Puerto Rican, etc.)	Yes or No- 14	4. RACE — American Indian, Black, White, atc.
Β¥	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES				S 2 NO			' I	Specify;
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND OF	BUSINESS/INDUS	1314CN
COMPLET	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +	(G	Give kind of a e. Do NOT us	work done i	during mo	st of working	ng			, ini
MP				tou	se	Wy	Fe	_			
	17. FATHER'S NAME (First, Middle, Last)	ZDANN					18. MOTE	HER'S NA	ME (First, Middle, Mai	den Surname)	
B	19a. INFORMANT'S NAME (Type/Print)	ROWI	19	MAILING	ADDRES	E /Street	- UC	LL/14	Route Number, City or	813	
유	Elizabeth E.	TARK	AM	191	00	1111	SION	100-4	· BAHO.	M. 7 /	000)
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rame	ioval from State	20b. PLACE				-	10,		LOCATION — CIT	ty or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		UNSV	1110	V	eti		2/14/9:00	OWNSVILL	le Md
	1 / Jame Da	ENSEE			W 22.	MAL (C L	SS OF FAC	COMP COMP	1. FIH	
	DA DE LE Enter the diseases De	own			1/-	200	6 W	1 NO	Rth Au	10	
	23. PART I. Enter the diseases, or cahock, or heart failure.	List only one cau	se on each line	∌ath. Dor	not anter	tha mo	da of dyl	ing, auch	h as cardiac or re	apiretory arrea	it, Approximate Interval Batween
	iMMEDIATE CAUSE (Final disease or condition	Pulmor	ary ede	ma							Onset and Death
	reaulting in death)		(OR AS A CONSEC		PF):						
Z	hancestrang the constant	b			,						
AT 10	Sequentially list conditions, If sny, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):						
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUE TO	(OR AS A CONSEC	OUENCE O	· .	ā					
F	that initiated eventa reaulting in death) LAST	d.	OH AS A GONSE	JUENUE OF	ř):						
B											
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death but not r	asuiting i	in the un	deriying	j causa ç	jiven in l		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI									1 YES	2 XNO	OF DEATH?
Σ.									-		1 YES 2 NO
MAK	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	eck only one)		
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nurs	R:			8 Other (Specify)		
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I (Month, Da	INJURY ly, Year)	28b. TIMI		28c. INJU			28d. DESCRIBE HO	W INJURY OCCUR	RED
à	2 Accident Investigation				М	1 🗌 Y	YES 2	NO			
COMPLETED	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF building, r	F INJURY — At horate. (Specify)	me, farm, s	Araet, facto	эгу, office	1		28f. LOCATION (Stre City or Town, Ste	et and Number or ate)	Rural Route Number,
PLE	29a. CERTIFIER (Check only	ICIAN: To the best of r	my knowledge, de	ath occurre	ed at the ti	ime, date	end place,	end due	to the cause(s) end (nanner es atated.	
Š	one) 2 MEDICAL EXAMINE	A: On the basic of ex	amination end/or i	nveatigatio	n, in my of	pinion, de	eath occurr	ed at the f	time, data and place,	and due to the c	ause(s) end menner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUM		29d. DATE SI	IGNED (Month, Day, Year)
2	CHHIENL	M.D.								1 2 -	7.92.
	30. NAME AND ADDRESS OF PERSON WHO C. Chhieng, M.D.	· C/O M	e of DEATH (ITEN aryland	Gene	ral !	Hosp	ital				



FEB 1 0 1992

0 1992

DHMH-16 Ray 1/89

FOR STATE REGISTRAR

	1. DECEMENT'S NAME (First, Micros, Last)				STONE			MON	RUARY 8		YEAR 2	9:00 P.
	4. SOCIAL SECURITY NUMBER 213-03-2684	5. SEX	6. AGE (In yrs	: leat birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HMS. HOURS MIN.	(Mor	of BIRTH ith, Day, Year) 22,18		Country	PLACE (State or Foreign () (LAND
~	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN O	R LOCATION OF		22,10	9c. COUNT		
стоя	FREDERICK VILLA	NURSING	HOME		(CATO	NSVILLE			BA	LTI	MORE
DIRE		LTIMORE		10c. CI1	CAT	R LOCATIONS V						10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	10s. STREET AND NUMBER	DE TAND					ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
UNE	410 MAIDEN CHOI(12 WAS DECEDEN	T EVER IN U.S.	ARMED	13. V		21228 ENDENT OF HISP	ANIC ORIG	IN2 (Specify Ver		S.A.	— American Indian.
BY	1 Never Married 2 Married 3 X Midowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES X	™ NO	11	yes, spe	elfy Cuban, Mexic 2 XXVO Spec	can, Puerlo	Ricen, atc.)	or No-	Black, Specify	White, etc.
ETED	15. DECEDENT'S EDI (Specify only highest grad		16a	Give kind of	work done a	CUPATIO luring mos	N t of working	16	b. KIND OF BUS	INESS/INDU	STRY	
AP LE	Elementary/Secondary (0-12)	H(OMEMAK					OWN	номе			
E COMPL	17. FATHER'S NAME (First, Middle, Last) JOSEPH FLACK						18. MOTHER'S N		Middle, Maiden			
0 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)											
	JOSEPH B. STONE	E (SON)					E COURT					
	1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	206. PLA cemetery. NEW	CEAND DATE	of olsposi ther place) DRAL	CEMI	ETERY	2/11/	792 RAT	CATION — CI	Ity or Tov	VIII, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22.1	NAME AN	D AOORESS OF F	ACILITY				RAL HOMES
	Lusseuce	vego	R									E, MD. 21228
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	OR AS A CON	ISEOUENCE O	F):	act	g will	pelo	egoi.			gar
CALC	PART II. Other algnificant condition	ne contributing to	death but no	ot resulting	in tha und	deriying	ring cause given in Part i. 24					WERE AUTOPSY FINDINGS
: MEDIC									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF DEATH (C	heck only o	(re)			
PHYSICIAN	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 442 Nurs	:	5 - Residence					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		28b. TIM	E OF JURY M	28c. INJU WOR 1 YE		28d. DE	28d. DESCRIBE HOW INJURY OCCURED			
ETED	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF building.	F INJURY — At atc. (Specify)	home, farm,	street, facto	ry, office		281. LO	CATION (Street a or Town, State)	nd Number of	Rural Ro	oute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI											and manner as stated.
E C	29b. SIGNATURE AND TITLE-OF CERTIFIE					-	29c. LICENSE NU	JMBER	T			Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED COM	E OF BEATH	Trans and an	01.4		027	81		> 2/	13/1	rz
	CHARLES GRAHAM M					ALTI	MORE, M	ſD.	21228		-	
	31. DATE FILED (Month, Day, Year) FFR 1 0 1992	32. REGISTRAL							-			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the retained by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGI		6	03505
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATN
1		V. Sheen				2- 07	- 92	YEAR	820 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTN	PLACE (State or Foreign
	147-24-6195	1□ M 2XXF 9	1 YRS.	MONTHS DAYS	HOURS MIN.	7- 14	-190d	Country	Md.
_	9e. FACILITY NAME (If not Institution, give s			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUN	TY OF O	ATH
2	Augsbury Lut	hern Home		Balt	cimore		1	nd.	
DIRECTOR	10e. STATE 10b. COUNTY	Υ	10c, CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY
1	Md.		Pa	ltimore					LIMITS?
AL	10e. STREET AND NUMBER		Da		ZIP CODE		10g. CITIZ	EN OF W	1 YES 2 NO
BY FUNERAL	6811 Campfie	ld Road			21207	,			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yae or No-	I.S.	- American Indian.
₹	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Speci	en, Puerto Rican, etc.) ffy:		Specif	White, atc.
	15. DECEOENT'S EQU	CATION	16e. DECEOENT'S	HELIAL OCCUPATION			1		Black
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	ork done during mo	st of working	16b. KINO OF	BUSINESS/INOL	JSTRY	
P.	8th	conage (I=4 Of 5+)	Disab:	led		Dome	estic		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			200	18. MOTHER'S N	AME (First, Middle, Maid			
ш	Washington Dor	csey				ah A.			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street e		Route Number, City or		Code)	
-	Edward Murray		2434	Geist 1	Rd./Gly	ndon, MI	21	071	
	29a, METNOD OF DISPOSITION	oval from Stata con	netery, crematory or other	F DISPOSITION /Na	me of		LOCATION — C	ity or Tox	rn, State
	4 Donation 5 Other (Specify)	1	Baltimor	ce Ceme	tery	I	Baltim	ore	, Md.
	► 1 1do (06/			O ADORESS OF FA				
	Umessec	OBC							rth Ave.
	23. PART I. Enter the diseases, or cahock, or heart fellure.	emplications that cause List only one ceuse on a	d the death. Do no	ot enter the mo-	de of dying, aud	ch as cardiac or re-	piratory arre	st,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	0 0		1	15				Interval Between Onset and Death
	reaulting in death)	. Orels		hion	noce	7			
_]]		OUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF						
CAT	cause. Enter UNDERLYING								
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:					
ERI	resulting in death) LAST	ı							
	PART II. Other aignificant condition	a contributing to death b	ut not resulting in	the underlying	cause alven in	Part I 24a WAC	AN AUTOPSY	T 045	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					adde given in	PERF	ORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	2 - NO		OF DEATN?
-						_			1 TYES 2 NO
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	neck only one)			
Sign	1 VES 2 JATO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER		8 Other (Specify)		-	
E	27. MANNER OF DEATN	28e, DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	JRY AT	28d. DESCRIBE NOV	/ INJURY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation	NA		M 1 🗆 Y	1.7				J
	3 Suicide 8 Could not be determined.	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, st	reet, factory, offica		281. LOCATION (Street City or Town, Sta	et and Number of	r Rurel Ro	ute Number,
Ē.	20- CENTIFIED								
MPL	29a. CERTIFIER (Check only one)	CIAN: To the best of my know	ledga, death occurred	at the time, data	end place, end due	to the cause(e) end m	anner es etated).	
COMPLETED	MEDICAL EXAMINER	R: On the beele of examination	n end/or investigation	, in my opinion, de	ath occured at the	time, data end place,	end due to the	ceuse(e)	and manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1.1.	- MA		29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
2	30/NAME AND ADDRESS OF BEDGE	June .	1-17		17/19	12	12	181	92
	30 NAME AND ADDRESS OF PERSON WHO	UB 40	ATN (ITEM 27) (Type, I	PARL	Ho	160	2.12	25	
	31. DATE FILED MONTH, POY PER 1002	32 AGESTERATS SIGN	ATUANO LA	1,7-0	- 10 0	1 m		-	
	1.00 10 1992	June manage	- Mariane						



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

HEGISTRAH				CERTIF	ICAI	E O	DEATH		F	EG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF DEATH	
NAN	TEWART				F	EBRUA	RY 6		92	11:40 p				
4. SOCIAL SECURITY NUMBER 217-52-8840		5. SEX	8. AGE (In yr	s. lest birthday) YRS.	# UNDE	R 1 YEAR	IF UNDER 24 HF	RIS.	7. DATE OF I	BIRTH y, Year)		8. BIRT	NPLACE (State or Foreign lry)	
9e. FACILITY NAME (If not in		treet and number)			9b. CIT	Y TOWN	OR LOCATION O	E DEA	9 4	18	95		ginia	
MARYLAND G	ENERAL		[]		IMORE C					LTIM		
10a. STATE	10b. COUNTY	r		t0c, CIT	Y, TOWN	OBLOC	ATION							
Md							imore						10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
100. STREET AND NUMBER	on Stre	eet Ant 4	103	101. ZIP CODE 21201								IZEN OF WHAT COUNTRY?		
11. MARITAL STATUS		12. WAS DECEDEN										-		
	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR D											E — American Indian, k, White, etc. ://y: Black		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)				. OECEDENT'S	USUAL C	CCUPAT	ION		Tien vin	D OF BUS	INCO IN	Dileter	DIACK	
Elementary/Secondary (0		College (1-4 or 5 s		(Give kind of life. Do NOT u:	work done	during n	nost of working		100. 1411	D 01 803	INESS/IN	DOSTRY		
17. FATHER'S NAME (First, M	iddle Last)			_		Dome	estic_							
Henry Jenni							18. MOTHER'S	a J	ennin	gs	Surname)			
Brightly R.		rt		196. MAILING 3202	AODRES Fai	s (Street	end Number or Au EW Avenu	urai Roc	Balt	lly or Town	State, Zu	arv1	and 21207	
20e. METHOD OF DISPOSITI	ION		20b. PLA	CEAND DATE	OF DISPOS	SITION /A			DATE				own, State	
4 Donellon 5 Other 21. SIGNATURE OF FUNERAL	(Specify)		Dru	id Rid	ge C	eme:	tery 2		1/92	Ba1	timo	re,	Maryland	
· Xal	(Mal	sch	4	22.	NAME A	AND ADDRESS OF	F FACIL	Ma				Home	
23. PART i. Enter the di	seases, Dr c	omplications that	caused the	daath. Do r	of antar	the m	ode of dving	euch :	43	UU W	abas	n Av	enue	
111/ 2016/11	amit renional	Liat only one cau	se Dil gacti	arra.						or reapir	albry an	raiat,	Approximata intarval Between	
IMMEDIATE CAUSE (Fin disease or condition	al		MAAN	DARDIA	T.Y.	FARC	CT (SUSE	EC'	T)	0.0	10		Onset and Death	
reaulting in death)		DUE TO	(OR AS A CO	SEQUENCE OF	1001	IV.	17000	1_		747	PEC	L)		
			150	CHEMIC	CA	ARDI	OMYOPA	TH.	Y	N 41=	1.1			
Sequentially list conditi if any, leading to immad		DUE TO	OR AS A CON		2:	Fa			y o	pa	ing			
cause, Enter UNDERLYi CAUSE (Disease or inju-	NG			CONGEST	ANE	HEA	BT FAIL	JUR	E	1	11	IVA		
that initiated eventa		DUE TO	OR AS A CON	SEQUENCE OF	7:		C 76	-		70	<u></u>	NC		
resulting in death) LAST		l												
PART ii. Other algnificat	nt conditions	contributing to	death but n	ot resulting i	n tha ur	deriyin	g cause given	in Pa	rt i. 24e.	WAS AN A	WTOPSY	24b	WERE AUTOPSY FINDINGS	
										PERFORI	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								-	- 11	YES 2	□ NO		OF DEATN?	
									-				1 TYES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. P	LACE OF DEATH	(Check	only one)					
1 YES 2 NO		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER	₹:	ne 5 🗆 Resident			ic/fv)				
27. MANNER OF DEATN 1 2 Netural 5 F		28e. DATE OF (Month, Da		28b, TIMI	OF	28c. IN.	JURY AT ORK?		8d. DESCRIB		JURY OCC	CURED		
	Pending nvestigation	26a BLACE OF	thi William		м	1 🗆	YES 2 NO	\perp						
	Could not be letermined	26e. PLACE OF building, a	rtc. (Specify)	i nome, rarm, s	treet, fact	ory, offic	CB	28	Bf. LOCATION City or Tow	(Street en m, Stete)	d Number	or Rural R	oute Number,	
290. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of i	my knowledge	, death occurre	d at the ti	lme, date	end place, and d	due 10	the ceuse(a)	and magn	or en atat	ed.		
one) 2 MEDIO	CAL EXAMINER	: On the besis of ex	eminetion end	or investigation	n, In my o	pinlon, d	Seath occured at 1	the tim	e, date and p	olace, end	due 10 th	e ceuse(e)	end menner ea atated.	
29b. SIGNATURE AND TITLE	pag 1	29c. LICENSE NUMBER 29c				29d. DATE SIGNED (Month, Dey, Year)								
30. NAME AND ADDRESS OF			E DF DEATH (TEM 27) (Type,	Print)							-/6	172'	
Fadil A							RAL HOS	PII	AL					
31. DATE FILED (Month, Day, Y	FEB 1	1992 agriculture 1992	Julia 1	Davidson	Mand	402								

1. DECEDENT'S NAME (First, Midd	No, Lest)							2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH	
John	F	aul		S	Smith			2	1	92	2:54	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birtho		NDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Yes	r)	8. BIF	ITHPLACE (State or Foreigntry)	
174-18-0183	1√X M 2 □	7	j YR	S. MONT	THE DAYS	HOURS	MIN.	2-7-192			Pa.	
9a. FACILITY NAME (If not institution	on, give street and number)			9b. (CITY, TOWN	OR LOCATI	ON OF DE			UNTY O		
Fallston	General				Fa1	stor				Нат	ford	
										паг		
	COUNTY		10c.	CITY, TO	WN OR LOCAT						10d, INSIDE CITY LIMITS?	
Md.	Harfor	'd						sville			1 TYES 2 NO	
10e. STREET AND NUMBER					101	. ZIP COD	E		10g. C	ITIZEN O	F WHAT COUNTRY?	
	02 Karen Dr							1087		.S.A	•	
11. MARITAL STATUS 1 Never Married 2 Married		DENT EVER	IN U.S. ARMED		13. WAS DEC	ENDENT C	F NISPAN	IC ORIGIN? (Specif	Yes or No-	14. R/	ACE — American Indian, ack, White, atc.	
3 Widowed 4 Divorced	IF YES, GIV					2 K) NO			,		ectly;	
	IT'S EDUCATION					122		Total and a second			White	
(Specify only high	eat grade completed)		16a. OECEOEN (Give kind		done during mo		g	16b. KIND OF	BUSINESS/I	NOUSTRY		
Blementary/Secondary (0-12) 8 VIS.	College (1-4 o	5+)										
17. FATHER'S NAME (First, Middle.	Janth.		L	arper	ner	B 1 2 2 2 2 2						
II. FAITHER S NAME (FIR), MIDDIE		Cm:LL				18, MOT		ME (First, Middle, Ma				
40. HIPOMATANIA A	John B.	OBL.T.F						Jessie	Buss			
19a. INFORMANT'S NAME (Type/P)	*							loute Number, City or	Town, State,	Zip Code)		
Mrs. Anna R.							gsvi	lle,Md.		087		
20a. METHOD OF DISPOSITION X Burlel 2 Cremetion 3	☐ Removal from State	20	b. PLACE AND DA	or other ni	SPOSITION (No	ame of		DATE 200	LOCATION	— City or	Town, State	
4 Donation 5 Other (Spec	(My)	[E	Bel Air	Memo	orial	Gard	ens :	2+6-92	Bel A	dir.	Md.	
21, SIGNATURE OF FUNERAL SEI	RVICE LICENSEE				22. NAME A	ND ADDRE	SS OF FA					
	/						print to some		assahn Funeral Hom			
23. PART I. Enter the diseas	e. Arte	thet cause cause on rios	clerot	Do not e	1175	O Be	ing, auc	Rd. Kin	gsvill pepiratory	Le,M	Approximate Interval Bets	
23. PART I. Enter the disease ahock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	es, or complications feliure. List only one a. Arte DUE	thet cause cause on Tios To (or as	each line.	Do not en	1175	O Be	ing, auc	Rd. Kin	gsvill pepiratory	Le,M	Approximate Interval Bets	
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEAT	ГН	A	EG. NO.				
Į.	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATN DA			3. TIME OF DEA	TN
	JAMES E. SMEN							02		1992	YEAR	11:37	Рм
- P	4. SOCIAL SECURITY NUMBER 221-20-7036	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER HOURS	24 HRS.	7. DATE OF B (Month, Day 1 - 23-	193	34	Count	PLACE (State or F	oreign
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DEA	ATN		9c. COU	NTY OF D	EATH	
СТО	THE JOHNS HOPKI		AL		BALT	IMORE				BAI	TIMO	ORE CIT	ĽΥ
E	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOC							10d. INSIDE CITY	
9	Delaware Ke	nt			Dove							Y YES 2	NO
FUNERAL DIRECTOR	67 Evergreen					of. ZIP CODE	1990	1		10g. CITI		WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	AED O	If yea,	CENDENT O	F HISPANIO n, Maxican, Specify:	C ORIGIN? (Sp , Puarlo Rican	ecify Yea , alc.)	or No	Speci	- American Indi	
	15. DECEDENT'S EDU (Specify only highest grade	JCATION (c. completed)	18a. DEC	EDENT'S	USUAL OCCUPA	ION		16b, KINI	OF BUS	INESS/IND		ACGBIGI	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done during i se retired.)		g	1					
COMPLETED	12+	0		Ret	Pil Cl	erk			Gr	oce	ry	Store	
	17. FATNER'S NAME (First, Middle, Lest) William Smen	4.31-2				18. MOTH		E (First, Middle	,				
H		tkowski						y Bla					
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street								
	Carolyn F Sm	<u>enkowski</u>			vergre		rive					9901	
	20a METNOD OF DISPOSITION AD Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	camete		OF DISPOSITION (etery	r.	DATE	20c. LOC	TOTAL		wn, State 1d, Del	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSES)	Towns	end	22. NAME	AND ADDRES	S OF FACIL	LITY		TOWI	1561	id, Del	•
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	23. PART I. Enter the diseases, or shock, or heart failure.	commissions that	caused the dea	th. Do r	not enter tha m	ode of dyli	ng, auch	aa cardiac	or respir	ratory arr	est,	Approxim	
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N.	Sequentially list conditions,		OR AS A CONSECU		•							720	ap.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING					N-+		C				1	
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E	resulting in death) LAST	-	rect		•	9 .						7 7	
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ξ	27. MANNER OF DEATN	28a. DATE OF I	NJURY	28b. TIM:	4 Nursing No	JURY AT		28d. DESCRIBI	-	JURY OCC	URED		
BY 1	1 Natural 5 Pending 2 Accident Investigation	(Month, De)	y, Year)	INJ		ORK? YES 2 K							
	3 Suicide 8 Could not be determined	28s. PLACE OF building, a	INJURY — At hometc. (Specify)	e, farm, s	treat, factory, off	ca	2	28f. LOCATION City or Tow	(Street ar	nd Number	or Rurai R	oute Number,	
9	29e, CERTIFIER , IN CERTIFYING DAVE	ICIAN: To the heat of		. THE S		100000 T	1970						
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of n ER: On the bests of exa	my knowleage, deal imination and/or in	n occurre veatigatio	n, in my opinion,	a and placa, death occure	and due to	the cause(a)	and mann	or an atate	ed.	and manner as of	
	29b. SIGNATURE AND TITLE OF CERTIFIE						NSE NUMBI		1				-100.
BE	PMatte	~ ma				are Live	TOL HUMBI	mert.	- 1			(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSI	OF DEATH (ITEM	27) (Туре,	Print)							1 , 0	
	P. Wat		pt.ofs,			NHO	floc	254.	Ba	. Le	515	-05	
	31. DATE FILED (Month, Day, Year)	A 33 REQUITING	S SIGNATURE	N.						-			

monday physical

BALTIMORE, MARYLAND 21215

TO THE HOSPITCH OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITCH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours to THE FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the strend within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examination.

31. DATE FILED (Month, Day, Year)
FFB 1-0-1992

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TO THE MODIFIED OF THE PARTY.	The completely filled in the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the	se me whin 72 hours and dead	the second section of the second section of the second section is the second section of the second section sec

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STERN YEAR O2 NORMA 10:50 \$ 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-16-3903 DAYS HOURS 1 M 2 F YRS. 100 MARYLAND 21 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR SINAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 XNO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? se as the burial-transit 130 SLADE AVE., APT. 115 21208 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TYES 2 NO Specify: WHITE BY Specify: COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) OFFICE MANAGER **MANUFACTURER** 18. MOTHER'S NAME (First, Middle, Maiden Surp. (UNKNOWN) 17. FATHER'S NAME (First, Middle, Lest) (UNKNOWN) TAYLOR notified at 8 19a. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
312 HALSEY RD. ANNAPOLIS, MD 21401 2 JUDGE THEODORE G. BLOOM Pe 20er METHOD OF DISPOSITION

1 🖰 Burlel 2 🗆 Cremation 3 🗀 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION - City or Town, State DATE must BALTIMORE HEBREW 2/6/92 REISTERSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. PLUB 6010 REISTERSTOWN RD., BALTO., MD 21215 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disesse or condition RESPIRATORY FAILURE
DUE TO (OR AS A CONSEQUENCE OF): DAYS resulting in death) EPILEY TICUS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHLHONARY DESTRUCTIVE AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? ATTHEROSCUE POSTIC HEAVET 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atlent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) ő 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, offica building, etc. (Specify) 3 Suicide ETED. 6 Could not be 4 Homicide 28 determined COMPL 1 DC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner as stated. MPUNIANT: II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and menner as stated. 206 FIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER **BESIDENL** PHYSICIAN 03/ 22 02 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TENMY HOSPITAL 2401 W. BELVED THE AVE, BALTIMO NE CO M.D. SINAI 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) FEB 1 0 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MD 100. STREET AND NUMBER					101	. ZIP COD	LTI	1ORE		10g. CITIZ		T COUNTRY?
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11. MARITAL STATUS 1 Never Merried 2 Ma 3 Widowed 4 Divorce	rried FORCES?	ENT EVER IN U.S. AF 1 YES 2 X WAR OR DATES		H	yes, sp			NIC ORIGIN? (S in, Puerto Ricai y:		or No—	Black, W	American Indian, filts, etc.
	ent's EDUCATION gheat grade completed) College (1-4 or	8+) (G	ive kind of . Do NOT u	work done du se retired.)	iring mo	ON at of working	ng		OMS	SINESS/INDU	ISTRY	
17. FATHER'S NAME (First, Midd	le, Last)					16. MQT	HER'S NA	ME (First, Midd	le, Malden	Sumame)		
GEORGE THE	LEM					100	ANN	JA WEI	ITZEI			
19a. INFORMANT'S NAME (Type	/Print)	19	b. MAILING	ADDRESS (Street a	nd Numbe	or Rural	Route Number, (City or Tow	m, Stere, Zip	Code)	
SHIRLEY SOD				E OF DISPOS	_		RT F	RALTIMO		MI) CATION — C	1206	
13 Buriet 2 Cremation 4 Donation 8 Other (S)	3 Removel from State	of cemetary		y or other pla		(IVaine		2				, State
21. SIGNATURE OF PUNERAL S			XAWOL	22, N	ACI	D ADDRE	SS OF FA	le F	uzer	ul Ha	MD 14 23 7	
23. PARTA. Enter the disa shock, or hee iMMEDIATE CAUSE (Final disease or condition resulting in death)	t failure. List only one o	hat caused the drause on each illustrate of the cause of	300	ne					or reap			Approximate interval Betwee Onset and De
Sequentielly list condition	a, 6.	TO (OR AS A CONSE										45
if any, leeding to immedia cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events	· <	TO (OR AS A CONSE	OUENCE O	OF):								2-11-1
resulting in deeth) LAST	d											
PART II. Other aignificant	conditiona contributing	to deeth but not	resuiting	In the und	leriyin	g ceuse	given in		e. WAS AN PERFOI	-	Al Ci	ERE AUTOPSY FINDINALABLE PRIOR TO OMPLETION OF CAUS

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ne 8 🗆 Residence 8 🗔 Other (Specify) Hospice 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?

1 YES 2 NO 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

D 27087

29s. CERTIFIER (Check only one) 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

exanders

2 MEDICAL EXAMINER: On the investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson, MD Carla S. Alexander,

31. DATE FILED (MONUL DO) *1992

5 Pending

la

1 Netural

2 Accident

3 Suicida

4 Homicide

BY

BE COMPLETED



G1550 50

× 414

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 yours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burfal, cremation, or removal, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.C	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attends	be filed within 72 hours after death with the State Dept. of Health and Mental Hy IMPORTANT: If them 28 is marked, or Item 23 shows any Inlury, or

	1 - STATE OF MARYLA REGISTRAR A.K.A. JACK VAL	ND / DEPARTMENT	T OF HEALTH AND ME E OF DEATH	NTAL HYGIENE REG. NO.	03511
	1. OECEDENT'S NAME (First, Middle, Last) JOHN A		F	OATE OF OEATH DAY. EBRUARY 9, 1	
	4. SOCIAL SECURITY NUMBER 081-01-5241 5. SEX 6. AGE (III 1XX M 2 □ F 94	yrs. lest birthday) F UNDEF YRS. MONTHS	DAYS HOURS MIN.	DATE OF BIRTH (Morith, Day, Ybar) ARCH 12,1897	8. BIRTHPLACE (State or Foreign Country) NEW YORK
OR	9a. FACILITY NAME (If not Institution, give street and number) HOWARD COUNTY GENERAL HOSPITA	The Control of the Co	COLUMBIA	H 9c. CC	DUNTY OF OEATH HOWARD
DIRECTOR	100. STATE 10b. COUNTY MARYLAND HOWARD	10c. CITY, TOWN COLU			10d. INSIDE CITY LIMITS? 1 \(\text{Y FS 2 XXNO} \)
	10e. STREET AND NUMBER		10f. ZIP COOE 21044	10g. C	TIZEN OF WHAT COUNTRY?
BY FUNERAL	10850 GREEN MOUNTAIN CIRCLE 11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Olverced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XX0	WAS OECENDENT OF HISPANIC If yea, specify Cuben, Mexican, F 1 TES XX NO Specify:		
	15. OECEOENT'S EOUCATION (Specily only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. OECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)	OCCUPATION during most of working	16b. KINO OF BUSINESS/I	
COMPLETED	8 17. FATHER'S NAME (First, Middle, Last)	COMPOSER OF	16. MOTHER'S NAME	SELF EMPLO (First, Middle, Meiden Surname	
8	LUIGI VOLPATO 19a. INFORMANT'S NAME (Type/Print)		MARIA D	te Number, City or Town, State,	
유	EDA R. VOLPATO (WIFE) 20e. METHOD OF DISPOSITION 20b.	PLACE OF DISPOSITION (N	EEN MOUNTAIN C	20c. LOCATION	— City or Town, Slata
	TONBURIE 2 Cremetion 3 Removal from State CRI Donetion 5 Other (Specify)	ÉSTLAWN MAUS	SOLEUM 2		OTTSVILLE, MD.
	· Muneucart	201	555 TWIN KNOLL		
	23. PART i. Enter the diseases, or complications that caused shock, or hasrt failure. List only one cause on as IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ich lina.	r tha moda of dying, such a	a cardiac or respiretory	arrest, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Course Fight UNION	CONSEQUENCE OF):	dehydent "	i,	
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death be churic anomer with the second	by diater	inderlying cause given in Pa	PERFORMEO? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 Input lent 2 ER/Outp	oTHE	26. PLACE OF OEATH (Check R: Irsing Home 5 Residence 8		
	27. MANNER OF OEATH 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		8d. DESCRIBE HOW INJURY	OCCURED
TED BY	2 Accident	— At home, farm, street, fac	ctory, office 2	est. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowl one) 2 MEDICAL EXAMINER: On the basis of axamination				
TO BE C	296. SIGNATURE AND TITLE OF GERTIFIER		29c. LICENSE NUMB	29d. (OATE SIGNEO (Month, Day, Year)
-	30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF OE PETER CHENY 2 K	NOU NONT	4 or. Colu	lmBiA MO	> 21045
	31. OATE FILED (Month, Day, Year) FEB 1 0 1992				

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cemation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT	DF	HEALTH	AND	MENTAL	HYGIENI
CE	ERTIFICATE	O	F DEAT	TH		REG. NO

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF CEATH	3. TIME OF DEATH
	Lula Wy dell Vaughn	0 1 3 1 1	992 1:15 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	992 1:15 P M 8. BIRTHPLACE (State or Foreign
	211-40-41724 1 M 2 DF 60 YRS, MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country)
	241-10-17-1	6-5-37	1101
l m		DEATH 9c. COUN	TY OF DEATN
0	540 E. 23rd Street Baltimore		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY 10e. CITY, TOWN OR LOCATION		
=	mil Land		10d. INSIDE CITY LIMITS?
	MILL DATE.		YES 2 NO
\ <u>₹</u>	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?
i ii	3100,2300 31	18 2	15
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISP FORCES? 1 VES NO 14. WAS DECEMBENT OF HISP FORCES? 15. WAS DECEMBENT OF HISP FORCES? 16. Yes, specify Cuban, Maximum 17. Was DECEMBENT OF HISP FORCES?	ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian,
BY F	IF YES, GIVE WAR OR DATES		Black, White, etc.
	3 Wildowed 4 Delivorced	· Y	regno
H	15. OECEDENT'S EDUCATION (Specify ogly highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDI	USTRY
l m	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)		
重	LAbur		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	IAME (First, Middle, Maiden, Sumerne)	
	William VALLED his	VINA Vam	-6
BE	199, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Run	A Double Alternation City on Town Chats 21	Codel
유	Dayl- ne DAVIC 5112 = 2296	CA B - Luc B	col har
	20a METHOD DE DISPOSITION	1 1200110 110	MAHY
	20e. METHOD OF DISPOSITION 1	DATE 20c. LOCATION - C	Ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	10 64/10	mel
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	FACILITY	
	Bitts Funeral None USAN.	(apolas	1-1
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, at	ich as cardiac as manisators are	
	ahock, or heart fellure. List only one cause on each line.	cii aa cardiac or reapiratory am	Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition		Onset and Death
	resulting in death)	Tarales on	Sand
	DUE TO (OR AS A CONSEQUENCE OF):		
Z	Sequentielly list conditions,		
CERTIFICATION	If any, leading to immediate		
2	CAUSE (Disease or injury		
1 1	thet initiated events reaulting in death) LAST		
13	d		
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given it		
EDICAL	the underlying cause given i	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă		1) ES 2 NO	COMPLETION OF CAUSE OF DEATH?
ME		(1000)	1 VES 2 □ NO
		- HEAD ONL	1
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (C	heck only one)	<u> </u>
PHYSICIAN:	HOSPITAL: 1 Street Texaminer Texamin	A D Other (County)	
主	27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCI	IRED
	12 Natural 5 Pending (Month, Day, Year) INJURY WORK?	250. DESCRIBE NOW INSORT OCCI	JHED .
6	2 Accident investigation		
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26t. LOCATION (Street end Number of City or Town, State)	or Rural Route Number,
<u> </u>			
립	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end do	e to the cause(s) end manner es state	d.
COMPLET	one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the	e time, date end place, and due to the	ceuse(s) end menner ee stated.
	29b. SIGNATURE and TITLE OF CERTIFIER 29c. LICENSE NO.		
8	A SWA		SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	0.2	01 1992
	H M DX		
	111 Penn Street, I	Baltimore Mary	land 21201
	1 31. DAI E, FILEU (MONTH, Day, 1867) 1 32. REGISTRAR'S SIGNATURE		
	FFR 1 0 1992 Julie Davidson-Randelle		



\$18EN \$2

)

	BALTIMORE, MARYLAND 2120	AND 212
6	ilin en Hours af	the hospital or a
10	TO THE PROPERTY DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for using the property has been one of Health and Mental Honlene bring in burial cremarkon, or removal.	detached for us
)	IMPORTANT II has 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	once.

	FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM			MENTAL HYGI		. 00013	
	1. DECEDENT'S NAME (First, Middle, Leet) JOSEPH P.			7		2. DATE OF DEAT January	23,1992	ZEAR 3. TIME OF DEATN	M
1	136 24 6848	SEX 6. AGE (In yrs	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	June 8,	1961	B. BIRTNPLACE (State or Foreign Penna.	
TOR	9a. FACILITY NAME (If not institution, give street 5328 Winter Moss RESIDENCE OF DECEDENT		9b.	117	Lumbia	ATH	ALC: N. C. S.	y of DEATH ward	
DIRECTOR	10s. STATE 10b. COUNTY Maryland Howard			wn on locati	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10. STREET AND NUMBER 5328 Winter Moss C	ourt		101.	21045		10g. CITIZI	U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2 IF YES, GIVE WAR OR DATES	□ NO	If yes, spe	ENDENT OF NISPAN city Cuban, Mexical 2 NO Specify	n, Puarto Rican, ato		4. RACE — American Indian, Black, Whita, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elamentary/Secondary (0-12)		Give kind of work life. Do NOT use ret	done during moi lred.)	N at of working		F BUSINESS/INDU	ace Corp.	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Joseph J. Vitt					ME (First, Middle, M y Garbal			
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs Mary Vitt				nd Number or Rural F				
	20a. METHOD OF DISPOSITION A Burtal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from Stata St	Mary s	Cemete	ry	F		, New Jersey	
	21. SIGNATURE OF FUNERAL SERVICE LICENTY H	Witne		Harry 4112	ADDRESS OF EACH H WITZK Old Colu	e Funera mbia Pil	al Home ke Ellic	Inc. ott City Md.	
TION	23. PART I. Enter the diseases, or con abook, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	Partitles NSEQUENCE OF):		incly		respiratory arre	Approximate interval Between Onset and Deat	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to death but r	not resulting in t	he underlyin	g cause given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	š
SICIA		IOSPITAL:		THER:	ACE OF DEATH (Ch		v)		=
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	URY AT PRK? YES 2 NO	28d, DESCRIBE	HOW INJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify)	Al home, ferm, stree	rt, factory, offic		28f. LOCATION (S City or Town,	Street and Number (State)	or Rural Route Number,	
COMPLETED	[Critical Gray	AN: To the best of my knowledg On the bests of examination an						ed. e cause(a) and manner as stated.	
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER MILES AND STATE A	ulubis	m.D -		29c. LICENSE NU D5830		≥ 3d. DATE	inuir(, 24 149)	
-		HZH 4 424	Celumit	our 10	10 210	45 Ni	chulus K	inners, 24 149) outre lakes	
	JAN 2.7 '92	32. REGISTRATI'S SIGNATU	RE						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. "MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

FOR 1 - STATE REGISTRAR		STATE OF MARY	LAND / DEPART	MENT OF HEAL		IENTAL HYGIEN		03514
1. DECEDENT'S NAME (F	irst, Middle, Last)	And	Woods	Eggy		2. DATE OF DEATH	7 92	3. TIME OF DEATH 0945 AN
4. SOCIAL SECURITY NO 100-42-	3734	1 🗌 M 2 🖫 🗲	39 YRS. 1	ONTHS DAYS HOU	R8 MIN.	7. DATE OF BIRTH (Month, Day, Year)	52 00	ATHPLACE (State or Foreign unity)
Fallsto	n Gene	ral Hospi	tal	_ 1 3 4	FALLS	STON MI	HAP	FORD
Md .		timore		Edgewood				10d. INSIDE CITY LIMITS? 1 YES 2 NO
		e Drive	R IN U.S. ARMED		1040	C ORIGIN? (Specify Ye	U.	S . A . ACE — American Indian,
1 Never Married 2 3 Widowed 4 1	-	FORCES? 1 YES, GIVE WAR OF	S 2XXVO		Cuban, Maxican	, Puarto Rican, etc.)	В	Black
	DECEDENT'S EDUC only highest grade y (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of v	vorking		c Care	Mother
17. FATHER'S NAME (First Cecil 19a. INFORMANT'S NAME	K. Di	ixon		18.	Mother's NAM	NE (First, Middle, Maide) L'et	Bolli	ng
Willie 20a. METHOD OF DISPO 1 Partial 2 Crom 4 Donation 5 O 21. SIGNATURE OF FUNI	SITION ation 3 - Remo		20b. PLACE AND DATE (TERY DRESS OF FAC	DATE 20c. LO 2/12 HP	OCATION — CHY OF	
23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or condition resulting in death)	r heert fellure. I (Finsi	complicatione that cau List only one cause Di	dallan	160	laps	aa cardiac or raep	piratory screat,	Approximata Interval Betwee Onset and Dea
Sequentielly liet con if eny, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in deeth) L	mediete LYING njury	DUE TO (OR A	S A CONSEQUENCE OF:	chra	fte.	tens.	ona	
PART II. Other signi	licent condition	e contributing to deat	h but not resulting in	the underlying cer	use given in F		RMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO	D TO MEDICAL	HOSPITAL;		26. PLACE DTHER: I □ Nursing Home 5	OF DEATH (Che			
2 Accident	Pending investigation		JRY — At home, farm, str	M 1 YES	7.1	28d. DESCRIBE HOW 28f. LOCATION (Street	and Number or Ru	
4 Homicide 29a. CERTIFIER (Check only	determined ERTIFYING PHYSI IEDICAL EXAMINE		nowledge, death occurred	in my opinion, daeth		lime, data and place, a	anner as stated.	se(s) and manner as stated.

1. DECEDENT'S NAME (First,		RKMAN	e v)			-	. 5	MON			YEAR	3. TIME OF DEATH
								0	2 0	7	72	12:30A
SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	. last birthday) YRS.	MONTHS 1	YEAR DAYS	IF UNDER 24 HRS. HOUMS MIN.	7. DATE (Mon	OF BIRTH	32	Count	laryland
. FACILITY NAME (If not ins	titution, give st	reet end number)			9b. CITY, 1	OWN	OR LOCATION OF DE	EATH		9c. COUNT		
SINA!		JATIS				B	ACTIMON	E			134	MHOME
. STATE	10b. COUNTY			10c, CIT	Y, TOWN OR	LOCA	TION				1	10d. INSIDE CITY
Md				Ва	ltimo	re						1 YES 2 NO
o. STREET AND NUMBER						10	7. ZIP CODE 21215			10g. CITIZ	EN OF W	HAT COUNTRY? USA
722 Woodlan	d Aver											USA
. MARITAL STATUS Never Merried 2 🔲 I	0.11.2°	12. WAS OECEDEN FORCES?	IT EVER IN U.S	XNO	13. W	AS DE	CENDENT OF HISPAI pecify Cuban, Mexice	NIC ORIO	N? (Specify Yes	or No-		American Indian, White, atc.
Wildowed 4 Divor			MAR OR DATES				3 2 □XNO Specif				Specif	
15. DECE (Specify only	DENT'S EDUC highest grade	CATION completed)	164		work done du		ON ost of working	16	b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-	1	College (1-4 or 5		life. Do NOT u	se retired.)				_	a la = = 3	C	+ 0.00
		asters De	egree							choo1	2 y s	stem
FATHER'S NAME (FIRST, MIX Clifton Yor							Ella Tr		Middle, Malden	Sumeme)		
ITTON YOU				*** *********			<u> </u>	_				
rs. Dorothy		nan		2721	Woodl	anc	Avenue,	Bal	timore	n, State, Zip (212	215
METHOD OF DISPOSITION Buriel 2 Cremation Donation 5 Other	ON 3 G Remo	oval from State	CAMPINA	CE AND DATE			lame of 2 /	13/9	TE 20c. LO	cation — c	e. I	vn, State Maryland
. SIGNATURE OF FUNERAL			2 1 11001	-			ND ADDRESS OF FA					
· Sa	la	m	arci	L					4300 W			
3. PART T. Enter the die	seases, or c	complications the	t caused the	death. Do	not enter t	he m	ode of dylng, suc	h ss ca	rdiac or resp	iratory srre	st,	Approximate
anock, or ne MMEDIATE CAUSE (Fina		Liat only one ce	use on each	line.								Onset and Deat
lisease or condition		SEP	212									12 DAY
eauting in death)		DUE TO	OR AS A CO			-						
		ASP	MASI	00	PNE	11	AMOI					2 DAY
equentially list conditions in the second section in the second s	fiste											
ause. Enter UNDERLYII AUSE (Disesse or Injur	NG 🗸	SE1				DE	.K					2 DAYS
nat initiated events		OUE TO	(OR AS A COI	NSEQUENCE O	F):							
esuiting in death) LAST		d										
ART II. Other algolficer						erlylr	ng cause given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
HYPERTE	NSIV	E HEA	TAI	DISE	ASE				PERFO			AMILABLE PRIOR TO COMPLETION OF CAUSE
												OF DEATH?
								_				
S. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF DEATH (Ch	neck only o	ine)			
EXAMINER?		HOSPITAL:	☐ ER/Outpation	nt 3 🗆 DOA	OTHER:		me 5 🗆 Residence					
7. MANNER OF DEATH		28e. DATE O	FINJURY	28b. TIN	E OF	8c. IN	JURY AT		SCRIBE HOW	NJURY OCC	JRED	
=	Pending nvestigation	(Month, (Day, Year)	IN.	JURY M		ORK? YES 2 NO					
a D a total	Could not be	28e. PLACE	OF INJURY - A	At home, ferm,	atreet, fector	y, offi	ce		CATION (Street		r Rural A	oute Number,
	fetermined	building	, etc. (Specify)					Ch	y or Town, State)			
o. CERTIFIER	IFYING PHYSI	CIAN: To the hert o	f my knowlada	a death comm	rad at the ti-		e end place, and due	40.45.	ausata) d		4	
one)) and menner ee stated.
H A	-	1-1101	0.0	U.D.					- one prece, er			
SONATURE AND TITLE	THE HIPPER	DESIVEL	F19 7	WOLL	XN		29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
Jumy		1001.00		. 5(00)	, .					0	210	01192

BALTIMORE, MARYLAND 21215-002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NA

240 FEB 10 1992

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMON

JAN 31 YZ

32. REGISTRAR'S SIGNATURE
JUNE HAMMOON-Handell

						t	1							92	03	1516
		FOR		STATE OF N	MARYL	AND /	DEPAR	TMENT	OF H	EALTH	AND R	MENTA	L HYGIEN	E		
1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.																
	i	1. DECEDENT'S NAME (First, Mi	V 1 1		2. DATEMONTH						E OF DEATH			3. TIME OF DEATH		
1		Wendell									January 30, 19		_	5:30 A M		
٠Ì	١.	4. SOCIAL SECURITY NUMBER		S. SEX		in yrs. last	birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE (Monti	OF BIRTH		Country)	LACE (State or Foreign
1)	217 12 4973		1 🔀 M 2 🗌 F	- 04							(Month, Day, Year) 11/1/19				
1	-	9e. FACILITY NAME (If not institu							9b. CITY, TOWN OR LOCATION OF DEA							
	ō.	602 Smit		eet	et				Salisbury				Wicomi			co
	DIRECTOR		b. COUNTY		10c.				ITY, TOWN OR LOCATION				1			10d. INSIDE CITY LIMITS?
	늅	Maryland	Wice	omico	nico			Salisbury								1 X YES 2 NO
-	¥	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									HAT COUNTRY?					
	FUNERAL	602 Smit	h Str	eet						21801					USA	
Ĭ	5	11. MARITAL STATUS		12. WAS DECEDEN									1? (Specify Yes	or No-		- American Indian, White, etc.
	BY	1 Never Merried 2 Me 3 Widowed 4 Divorce		FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				T YES			in, Puerto Ricen, etc.) y:				Specify:	
1		15. DECED	TION	ON 16a, DECEDENT				2 HOURS COCKESTION			18b. KIND OF BUSINESS/INDU			MINTEN	White	
		(Specify only hi	ghest grade co	empleted)		(Gi	ve kind of u	work done se retired.)	during mos	st of workir	ng	100	, KIND OF BUS	DIME 33/IMC	7031HT	
	COMPLETED	Elementary/Secondery (0-12	'	College (1-4 or 5	+)	Wa	ter S	Supi	ntend	lent			Town	Gove	rnmen	t
nce.	MO	17. FATHER'S NAME (First, Midd	le, Last)								HER'S NA	ME (First,	Middle, Maiden	Surname)		
at o		Levin Brittingham							01	lla Pusey						
examiner must be notified at once.	BE	19a INECOMANT'S NAME (Know/Direct)														
	2	Ronald Br	ittin	gham		- (502 \$	Smith	n St	., S	alis	bury	, Mary	land	218	63
100		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)														
Ë		Bates Methodist Cemetery Snow Hill, Maryland														
Julie I		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home														
exau		1 / Vame de	. 19	emma	,								Snow	Hill.	. Md.	21863
or other traumatic event, the medical		23. PART I. Enter the dibe	ases, or co	mplications the	t cause	d tha da	eth. Do									Approximate
		Onset and De											Onset and Death			
		disease or condition		Notas	tetic		Lu		Cen	12-2	_					11400
vent		resulting in death)		DUE TO	(OR AS	CONSEC	DUENCE O	f):								17
tic e	z	Sequentielly list conditions,														
nma	RTIFICATION	If any, leading to immediate														
r ta	S	cause. Enter UNDERLYING CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):														
흥	F	that initieted events Due TO (OR AS A CONSEQUENCE OF):														
7.07	5	d														
shows any injury,	١	PART II. Other eignificent	conditione	contributing to	deeth b	out not n	esuiting	in the u	nderiying	cause	given in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDINGS
any	EDICAL	PERFORMED? ANAI 1 YES 2 NO OF DEPT								AMILABLE PRIOR TO COMPLETION OF CAUSE						
DWS	ME	1 YES 2 NO OF DEATH?									1 YES 2 NO					
	ä															
item 23	< ∥	25. WAS CASE REFERRED TO I								ACE OF D	EATH (Ch	eck only o	ne)			
er is	S	1 TES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE 4 - Nu		6 6 A	ealdence	6 🗆 Oth	er (Specify)			
	PHYSICI	27. MANNER OF DEATH		26a. DATE OI (Month, I			28b. TIA	AE OF JURY	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
marked,	ВУ	1 2 Natural 5 Pe 2 Accident Inv	nding reatigation					М	יםי		NO					
9	ED		uld not be	26e. PLACE (building	OF INJURY , atc. (Spe	/ — At ho	me, farm,	street, fac	tory, office	•			Or Town, State)		r or Rural R	oute Number,
₩ 28	Ш		errimine d													
al le	MPL	and only		AN: To the best o												
Ë	8	one) 2 MEDICA	L EXAMINER	On the basic of o	examination	on and/or	Investigati	on, in my	opinion, d	eath occu	red at the	time, dat	n and place, er	dun to t	he cause(e)	and manner as stated.
IMPORTANT: If Item	W	296. SIGNATURE AND TITLE O	F CERTIFIER	110	/					29c. LIC	ENSE NU		2	29d. DAT	E SIGNED	(Month, Day, Year)
MP	0 8	THE		/ (/		11	M			0	76	276	<u> </u>	1	130	192
	-1	30, NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAL	ISE/OF DI	ATH /ITE	M 27) (5m)	Deint!						7		

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D POLICE	re State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event the medical examinar must be medical
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31. DATE FILED (Month, Day, Year)

JAN 21 '92

					1		0	2 00517					
		222		1				2 03517					
		1 - STATE REGISTRAR	STATE OF MARYLAND			MENTAL HYGIE	NE						
		1. DECEDENT'S NAME (First Middle Last)											
		SHRAH	C. Be	YRCH		2. DATE OF DEATH	DAY /YE	3. TIME OF DEATH					
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		DER 1 YEAR IF UNDER 24 HRS	. 7. OATE OF BIRTH	3	123:37/ M					
		579-24-1431	1 M 2 PF 66	YRS. MONTH		144	1200	BIRTHPLACE (State or Foreign Country)					
Y		9a. FACILITY NAME (If not institution, give street	et and number)	9b. C	ITY, TOWN OR LOCATION OF	-1/	9c. COUNTY	VU.					
1 8	5	So. MARY/AN	D HOSDI		01.700		-	0 -					
PIRECTOR		RESIDENCE OF DECEDENT	2 110377		N OR LOCATION		PMNE	E OROROES					
1 4		AA -/ '		10d. INSIDE CITY LIMITS?									
,03	. 1	10e. STREET AND NUMBER	C (1 COVIC	Fort	Washin	GTON		1 X YES 2 NO					
A A		A Land Company	000 700		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL		11. MARITAL STATUS	A 90 PY	ADMED	2074		(ISA.					
	- 11	1 Never Married 2 Married	FORCES? 1 YES 2		3. WAS DECENDENT OF HISF It yes, specify Cuban, Max	can, Puerto Rican, atc.)	es or No- 14.	RACE — American Indian, Black, White, atc.					
Ä		Widowed 4 Divorced	I TES, GIVE WAR ON DATES		1 TYES 27 NO Spe	cify-	Black						
8		15. DECEDENT'S EDUCAT (Specify only highest grade co		DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF B	USINESS/INDUST						
1 9		Elementary/Secondary (0-12)		life. Do NOT use retired	f.)								
COMPLET		Secondary		Clerk		Dep7	of C	ommerce.					
E 8		17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	AME (First, Middle, Maide	n Surname)						
BE BE		M18262 2/m	PKINS		ALT	Tha							
be notified at once. TO BE COM		19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
e pe	- 1	200 METHOD OF DISPOSITION 1578 79 St. NW. Washington D.C. 2000/											
met		Burial 2 Cremation 3 Removal from State 200. PLACE AND DATE OF DISPOSITION (Name of City or Town, State											
- E		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY											
examiner													
ea ea	4	Keith E. Wharton 22171 Wharton Rd Accomac, Va.											
E E		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.											
The T		IMMEDIATE CAUSE (Final) Onset and Death											
event, t	ı	resulting in death)											
	1	OUE TO (OR AS A CONSEQUENCE OF):											
RTIFICATION		Sequentially list conditions, b. Specific on as a consequence of											
E K		cause. Enter UNDERLYING											
TIFIC		that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
9 111		reaulting in death) LAST						İ					
CEI O	- 11	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ENDINGS											
PHYSICIAN: MEDICAL		TATE II. Other argument conditions of	ontributing to death but not	t reaulting in the	Inderlying cause givan i		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
						1 🗆 YES	2 🗌 NO	COMPLETION DF CAUSE DF DEATH?					
shows any inju								1 TYES 2 NO					
S A		25. WAS CASE REFERRED TO MEDICAL		/									
SIC!		EXAMINER!	OSPITAL:	ОТН									
E K	۱	27. MANNER OF DEATH	28a. DATE OF INJURY	3 DOA 4 N	Irsing Home 5 Residence	1							
		1 Netural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	28d. DESCRIBE HOW INJURY OCCURED						
		2 Accident Investigation 3 Suicide Could set by	26a. PLACE OF INJURY — At I	home, farm, atreat, te		284 1 OCATION (Street	and the base of	710					
		4 Homicide B Could not be	building, atc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	otory, ottlog	28f. LOCATION (Street City or Town, State	and Number or Hi	Ural Houte Number,					
COMPLETED		29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my beauty	4-46		1							
BE COMPLE		(Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowledge, on the bests of axamination and/o	or investigation in	nime, data and place, and du	a to the cause(a) and ma	nner as stated.						
E 0	-	29b. SIGNATURE AND TITLE OF CERTIFIER					ng dua to the cau	see(a) and manner as stated.					
100			ce mão		29c. LICENSE NU	MBER 76	29d. PATE SIG	NED (Month, Day, Year)					
■ 0	-	30. NAME AND ADDRESS OF PERSON WHO C			0118	7	Jan 13, 1942						

TEST TON

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAP'S SIGNATURE
Julia Davidson-Randell

, MD

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and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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in by	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edica	
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his certificate has been signed by the attending ph	tate	Tem	
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IN THE FUNERAL UINECTUR; AN	DUIS	E	
AL L	be filed within 72 hou	들	
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JAN 23 92

	500											U	3518	
	1 - STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR	RTMENT	OF I	EALTH	AND	MENT/		E			
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE OF DEATH							REG. NO.				
	DONALD	WAYNE BE			WARD				January 21, 1992			7:40P		
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. las.		st birthday) IF UNDER 1		YEAR IF UNDER 24 HRS.		7. DATE	OF BIRTH			ACE (State or Foreign	
1	193 22 6722	1 XM 2 - F			MONTHS	DAYS	HOURS	MIN,	12.	th, Day, Year) -9-28		Pennsylvania		
	9a. FACILITY NAME (If not institution, give	street and number)	treet and number)			96. CITY, TOWN OR LOCATION OF DEA			EATH		9c. COUN	TY OF DEA		
O.	V.A. Medical C	enter		Perry Point							Ceci	1		
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	тү	7 10c, CIT				TY, TOWN OR LOCATION						Od. INSIDE CITY	
DIF	Maryland H	arford		Edgewood					Lit			LIMITS?		
AL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN OF V				YES 2 NO	
FUNERAL DIRECTO	721 Monticello C	ourt						21040			USA			
Ē	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDED	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES Korea-Vietnam			13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica			IIC ORIGI	N? (Specify Yes	or No-	I4. RACE -	- American Indian, While, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE Y						Specify		Thouse, etc.)		Specify:	ecity;	
ED	15. DECEDENT'S ED	UCATION	16a. D		USUAL OC	USUAL OCCUPATION			186. KIND OF BUSINESS/INDUS				White	
E	(Specify only highest grad Elementary/Secondary (0-12)		College (1-4 or 5+)			work done during most of working se retired.)								
COMPLETED	12									US-governm			nent	
	17. FATHER'S NAME (Figst, Middle, Lest) John Wayne B	eward								ME (First, Middle, Maiden Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)						El.		Hel		uVaul	_		
٩	Kimberly D. Bew	ard		721 N	Montio	cel]	nd Number	or Aural A	Ede	gewood,	Md.	2104	0	
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of									, State				
	4 Donation 5 Other (Specify) HOLLY HILL Memorial Gardens 1-25-92 Baltimore, Md.													
	Howard K. McComas III Funeral Home, P.A.													
	1317 Cokesbury Road, Abingdon, Md. 21009											. 21009		
	23. PART I. Enter the diseases, Dr. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Fine)									Onset and Death				
	resulting in death)		Cirrhosis											
_	DUE TO (OR AS A CONSCOUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CAT	Cause. Enter UNDERLYING										İ			
E	CAUSE (Disease or injury that initiated events resulting in death) LAST C. Possible aspiration DUE TO (OR AS A CONSEQUENCE OF):													
ER														
- 1	PART II. Other algnificant condition	ns contributing to	death but r	not reaulting	In the unc	deriying	Cause (lven in	Part I.	24s. WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS	
2									PERFORMED?			AV	AILABLE PRIOR TO	
ME	X YES 2 NO OF									DEATN?				
ž	1 TYES 2 NO													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only o	10)				
IXSI	1 YES 2 NO	1 - Inpetient 2			OFHER 4 € Nursi		5 🗆 Re	sidence	8 🗆 Othe	er (Specify)				
급	1X Natural 5 Pending	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	URY M	28c. INJU	RK?		28d. DE	CRIBE HOW IN	JURY OCCU	RED		
B	2 Accident Investigation 3 Suicide Could not be	At home, lerm, a			ES 2 [NO	281. LOCATION (Street and Number or Rural Route Number,							
COMPLETED	4 Homicide 8 Could not be determined	building,	alc. (Specify)	terrorie, restric	ineet, ractor	ry, ornea			City	or Town, State)	nd Number or	Rural Rout	e Number,	
립	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge	e, death occurre	d at the tin	ne, date	and place,	and dua	to the ca	use(s) and man	ner as stated			
S S	CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and due to the cause(s) and manner as stated.													
BE (290. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year)													
2	11/1/2 5 1/20mx M) D40284 > 1/2//42													
	JEFFREY BEERY, M.D., VA Medical Center, Perry Point, MD 21902													
14						- 4								

32. REGISTRAR'S SIGNATURE
Gulia Davidson-Randolle

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		a	TO C	1	a.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEI	RTIFIC	ATE OF	DEATH	REG. N	0		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF OEATH
	GEORGE LEMU	Tr' T	DATE	ton ton ton			MONTH	DAY	YEAR	- 0
			BALL,				Jan. 28	. 199	92	7:24 H H
	4. SOCIAL SECURITY NUMBER 5	. SEX 6	. AGE (In yrs. last b	irthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
	219-16-2111	M 2 F	CE	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	000	Count	ny)
			65				Feb. 26,]	1926	Ma	ryland
	9a. FACILITY NAME (If not institution, give stree	t and number)		9b	CITY, TOWN	OR LOCATION OF D	EATN	9c. COU	NTY OF D	EATN
5	Ougan Anna Caus	Ave Uses	24.07	ſ	CIT.			0		
1	Queen Anne Coun	LY HOSD	Ital		unes	tertown	1	Que	en	Anne
DIRECTOR	10a. STATE 10b. COUNTY			10c CITY TO	OWN OR LOCA	TION				
<u>E</u>				100. GITT, TO	OWN ON LOCA	IION				10d. INSIDE CITY LIMITS?
0	Maryland Anne	Arunde	7	An	napol	is				1 YES 2 NO
7	10e. STREET AND NUMBER					. ZIP CODE		10a CITI	ZEN OF	WHAT COUNTRY?
Œ	74 5 . 7 1 5				100	100				
뿔	14 East Lake D					21403	3	U	.S.	A .
FUNERAL		. WAS DECEDENT E	VER IN U.S. ARME	D	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify V	s or No-	14. RACI	E — American Indian, k, White, atc.
	1 Never Married 2 X Married	FORCES? 1 T			If yes, sp	ecify Cuben, Mexic 2 NO Speci	nn, Puerto Rican, atc.)			
BY	3 Widowed 4 Divorced		TT		I L YES	Z-E NO Speci	y:		Spec	
Ω	15. DECEDENT'S EDUCAT		-						WII	ite
ETED	(Specify only highest grade con	npleted)	16a. DECE	DENT'S USU kind of work	AL OCCUPATION	ON ist of working	16b. KIND OF BI	JSINESS/INC	USTRY	
iщ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. De	NOT use rel	done during mo ired.)	or or oronning				
집		2	Δ.	udit	o r		State	0.5	Man	reland
2	17. FATNER'S NAME (First, Middle, Last)	2	4%	uult	0.1		State	0.1	Mar	yrand
COMPL	17. PAINER'S NAME (FIRST, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maide	n Surname)		
BE	George L. Ball					Toor	y Mary S	inin	o le	
	19a, INFORMANT'S NAME (Type/Print)		406.4	148 ING 4D	10raa (0)	rear	ly Platy	Tela	CK	
2			190, 4	MAILING AU	THESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
-	Mildred Ann Ba	11	1	4 Ea:	st La	ke Driv	e, Annar	olis	. M	D 21403
	20a. METNOD OF DISPOSITION	en received in	20b. PLACE ANI	DATEGED	SPOSITION /No		DATE 20c. L			
	1 Denation 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Lecemetery crams	tone or other r	Macol					
		11	Mille	rest	Ceme	tery 1/	31/92 A	nnap	oli	s, MD
	AT. SIGNATURE OF FUNERAL SERVICEALICEN	W//			22. NAME AP	ID ADDRESS OF FA	CILITY			
	Tomas a Colon	1 4			Tayl	or Fune	ral Char	el	2	1401
	whater of	4/4			147 (Floures	ter St.,	Anna	nol	ic MD
	23. PART I. Enter the diseases, or com-	prications that c	sused the deat	Do not	nter the me	do of dulan au	ter and	av III II O	POT	
	shock, or heart fallure. Lis	only one cause	on each line.	00 1100	me me	de or dying, auc	n as cardiac or real	piratory srr	est,	Approximate interval Batween
	IMMEDIATE CAUSE (Final	4 4 4	1 0	A .		/				Onset and Death
	disease or condition	hidden	1100	di	no a	DA H.				1 1
ŀ	resulting in death)	DIJE TO (OF	AS A CONSEQUE	COL C	LE V	eur				MUTanl
		DOE 10 (0)	AS A CONSECUE	NCE OF):		0	luias			
Z	Commented the comment of the	(now	n Can	ual	2 as	vilus h	mias			Voan
CERTIFICATION										12075
₹	cause. Enter UNDERLYING	(11 A1.11	Soula	10	CIM	7.0.10	rteryo	1.	4 4 4	1 /227
2		- 100 001	- yeve	LX	011	nary	nery o	u	LENS	148
Ē	that initiated events resulting in death) LAST	DOE TO (OF	AS A CONSEQUE	NCE OF):		/				
	d.									
2										
4	PART II. Other significant conditions of	ontributing to de	ath but not resi	liting in th	e underlying	causa given in	Part I. 24a, WAS AI	AUTOPSV	246	WERE AUTOPSY FINDINGS
EDICAL		earl fa						RMED?	1	AVAILABLE PRIOR TO
	Lougeoff Co. 14	airju	1000	_			1 YES	2 NO	-1	COMPLETION OF CAUSE DF DEATH?
		10								V
≥	0 5 10 0 6 / - 1/	111-4-0					-			1 TES 2 NO
3	My Mat 11 bus	xactor)							
3 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (Ch	eck only one)			
S		OSPITAL:	Me melleneuro		HER:					
PHYSICIAN:	27. MANNER OF DEATN						6 Other (Specify)			
ᆲ	P- 4	(Month, Day,		8b. TIME OF INJURY	28c. INJ	JRY AT RK?	28d. DESCRIBE NOW	INJURY OCC	URED	
₽	Natural 5 Pending Investigation					ES 2 NO				
	a Deviate	26a PLACE OF IN	JURY — At home,	form otres		_				
		building, stc.	(Specify)	THEFTIT, SECTION	, ractory, office	'	281. LOCATION (Street City or Town, State	and Number	or Rural R	oute Number,
	o Could not be						, , , , , , , , , , , , , , , , , , , ,	·		
TED	4 Nomicide determined	C CATTLE ILLEX				-				
LETED	4 Nomicide determined									
WPLETED	4 Nomicide determined 29e. CERTIFIER Check only Check only	: To the beat of my	knowledge, death	occurred at	the time, date	and place, and due	to the cause(a) and ma	nner as state	id.	
OMPLETED	4 Nomicide determined 29e. CERTIFIER Check only Check only	f: To the beat of my	knowledge, death	occurred at	the time, data my opinion, de	and place, and due	to the cause(s) and ma time, data and place, a	nner as state	rd. n cause(s	and manner as stated.
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E COMPL	4 Nomicide determined 29e. CERTIFIER Check only Check only	d: To the best of my	knowledge, death	occurred at atigation, in	the time, date my opinion, de	and place, and due with occured at the 29c. LICENSE NUI	time, data and place, a	nd due to the	cause(s)	and menner as stated. (Month, Day, Year)
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E COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	the basis of axam	Ination and/or inve	atigation, in	my opinion, d	eath occured at the	time, data and place, a	nd due to the	cause(s)	
BE COMPL	29a. CERTIFIER Check only One) 2 MEDICAL EXAMINER: O	the basis of axam	Ination and/or inve	atigation, in	my opinion, de	29c. LICENSE NUI	time, data and place, a	nd due to the	cause(s)	
BE COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0 30. HAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF RKOU	DF DEATH (ITEM 2:	atigation, in	my opinion, d	29c. LICENSE NUI	time, data and place, a	nd due to the	cause(s)	
BE COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	the basis of axam	DF DEATH (ITEM 2:	atigation, in	my opinion, de	29c. LICENSE NUI	time, data and place, a	nd due to the	cause(s)	

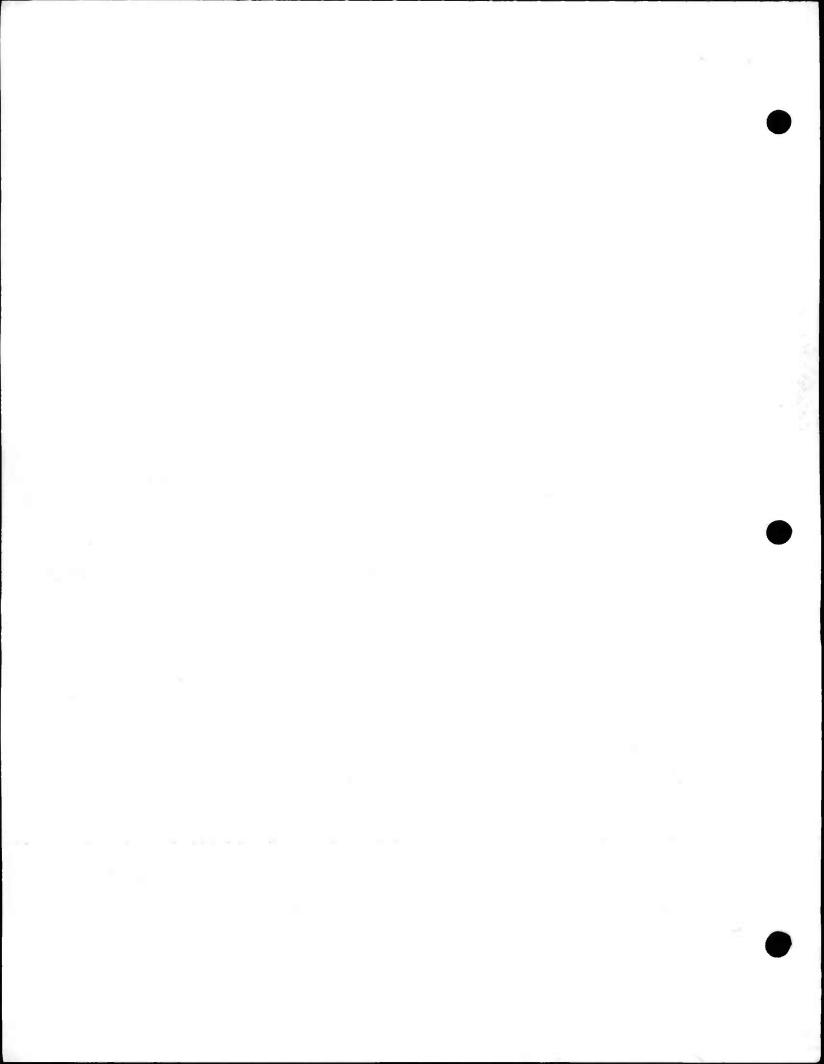
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and requires that the death certificate be executed within and requires that the law requires that the death certificate that be seen signed by the attending physician and reference that the State Dept. of the Health and Mental Hygiene prior to burial, cremation, or remonit page 5 should be detached for use as the burial-transit permit. Pages in the white State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonit page 18. In a section of them 28 is marked, or them 28 shows any failury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF I		D MEN	TAL HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) PAU	PAULINE MARGARET CRONE						YEA + 9		TIME OF DEATH
١	4. SOCIAL SECURITY NUMBER 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	SEX 8. AGE (In	IF UNDER 24 HF	RS. 7. DI	ATE OF BIRTH		APPEADL A	CE (State or Foreign		
/	9a. FACILITY NAME (If not institution, give street		89 YRS.	9b. CITY, TOWN	OR LOCATION O		rg 0, 17	9c. COUNTY		
e o	Greater Laurel Bel	tsville Hos	pital	Laure	el			Prince	e Ge	orge
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				10-	d. INSIDE CITY
	Maryland Prince	George	La	urel					1 4	YES 2 NO
3AL	10e. STREET AND NUMBER			10	r. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	312 Carroll Avenue	WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	20707	SPANIC OF	RIGIN? (Specify Yea	_	S.A.	American Indian,
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, s	pecify Cuban, M 8 2 XNO S	exican, Pus			Black, W Specify:	White
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade complete comp	ON pleted) pllege (1-4 or 5+)	(Give kind of life. Do NOT u	WSUAL OCCUPAT work done during made retired.)	ON ost of working		16b. KIND OF BUS	INESS/INDUST	RY	
MP	Grade 10		Housen	rife	I so succession		Home	•		
	17. FATHER'S NAME (First, Middle, Last) Sebastian Rumpel				18. MOTHER	S NAME (F	irst, Middle, Malden : K	onrad		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street	and Number or F	Rural Route	Number, City or Town		(e)	
2	August J. Tuminell						rel, Mar			
	20s. METHOO OF OISPOSITION 1 M Buriel 2 Cremation 3 Removal	from State	other place)	SITION (Name of c		y or	1	CATION - City		
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE St. Lawrence Cemetery Jessup, Maryland 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A.									
	> 6 flitte	y Conal	lly				al Home, . Laurel		land	d 20707
	23. PART I. Enter the diseases, or germ shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on ea	ach line.		1		cerdiac or reapi	retory arrest		Approximate Interval Between Onset and Dasth
N	Comay antes and wears									
ATIC	Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
	DART II Out & should not an edition a					- 1- 8-4				
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPPERFORMED? 1 VES VAO							RMED?	A) C) D)	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES NO
N.				-		***********				
PHYSICIAN:		OSPITAL: ER/Outp	etient 3 🗆 DOA	OTHER:	PLACE OF OEAT					
HY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	20b. TI	ME OF THE R	IJURY AT		I. DESCRIBE HOW I	NJURY OCCUR	ED	
BY	Natural 5 Pending Investigation		1	1"/	YES 2 N			11 - 10 - 1		
	3 Suicide 8 Could not be 4 Homicide determined	utcide s Could not be 28s. PLACE OF INJURY — In the pull ding, etc. (Specify) 28s. PLA							Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 DEERTIFYING PHYSICIAL (CAMINER: C	N: To the best of my know On the basis of exemination								and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1	0.070		29c. LICENS	E NUMBER		29d. DATE S	GNED (A	forith, Day, Year)
TO B	LO NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	MATERIA AND CO	ne Print)	10/	166	6	1//	J/	12
	Dennis R-Schun	ermn 14	20/ 400	el Park	1x #1	1026	Gurlan	d 267	007	
	JAN 28 '92	32. REGISTRAR'S SIGN	vidson-Par	dett						



1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY	Clay	4578			2. DATE OF DEATH	DAY C	7 ZAR	3. TIME OF DEATH
011111111111	8. SEX 6. AG	E (In yrs. Inst bi	YRS. IF UNI	DER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTH Count	NPLACE (State or Foreign ry) S C
98. FACILITY NAME (If not institution, give stre	Pedical C	enter) A	MAK	OR LOCATION OF DI	EATN	Anne Alunda		
MD 106. STATE AA C C).		PASA		TION				10d. INSIDE CITY LIMITS? 1 YES 2 HO
100. STREET AND NUMBER 1057 KEPPEL HA	RBOW				f. ZIP CODE 21122		10g. CIT	US	WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	D	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:			E — American Indian, k, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give	DENT'S USUAL kind of work do NOT use retire SEKEE	ne during mo 1.)	ON ost of working	18b. KIND OF	BUSINESS/INI	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) JOHN PRAYER					18. MOTHER'S NA	ME (First, Middle, Me. ICGILL	lden Surname)		
19a. INFORMANT'S NAME (Type/Print)	-				and Number or Rural	Route Number, City or			
RALPH CLAYTON						, PASAI			
20e. METHOD OF DISPOSITION 1∑ Burial 2 ☐ Cremation 3 ☐ Remov	val from State	of cemetary, cr HILLC	ematory or other				LOCATION —		
4 Donetion 5 Other (Specify)		HILLC	KEST	UEME	TERY 1	-25-92	ANNAI	POLI	S, MD
21. SIGNATURE OF FUNERAL SERVICE LICE				2. NAME A	ND ADDRESS OF FA	CILITY			
23. PART I. Enter the diseases, or conshock, or heart failure. Li	MSEE A DO DO DO DO DO DO DO DO DO DO DO DO DO	esed the deat		REES	ND ADDRESS OF FA E AND S WEST SI	CONS MOF	APOLIS	S , M	D 21401 Approximate Interval Betw
23. PART I. Enter the diseases, or conshock, or heart failure. LimmeDiATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	emplications that cause of the	esed the death in each line.	h. Do not en	REES	ND ADDRESS OF FA E AND S WEST SI	CONS MOF	APOLIS	S , M	D 21401 Approximate Interval Betw
23. PART I. Enter the diseases, or conshock, or heart failure. UsimmeDiATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate	propilications that causes of the cause of the total cause of the caus	lised the death in each iline.	h. Do not en	REES	ND ADDRESS OF FA E AND S WEST SI	CONS MOF	APOLIS	S , M	D 21401 Approximate Interval Betw
23. PART I. Enter the diseases, or conshock, or heart failure. Limited ideases or condition resulting in desth) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Chypothese DUE TO (OR A	as a consecutive as a c	h. Do not en	22. NAME AREES 8 2 1 Let the mo	ND ADDRESS OF FARE AND S	ONS MOF	APOLIS	S , M		
23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock of the second	DUE TO (OR A Contributing to deat	as a conscoulable for the but not reach the but	ENCE OF): ENCE OF): ENCE OF): OTHER OF OTHER OF OTHER OF OTHER	underlying	MEST ST Dode of dying, such	Part i. 24a. WALPER	S AN AUTOPSY SFORMED?	S , M	Approximate Interval Betwonset and Duckers Clears D. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETENION OF CAUSOF DEATH?
23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock of the second	DUE TO (OR A Contributing to desti	as a consecution of the but not reached the bu	ENCE OF): ENCE OF): ENCE OF): OTHER OF THE OTHER OF THE OTHER O	underlyln 28. PIEFI: Nursing Hor	MEST ST Dode of dying, such	ONS MOF	S AN AUTOPSY SECONDERS	S , M	Approximate Interval Betwonset and D LUCES LOCATION OF CAUSOF DEATH?
23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock, or heart failure. Limited in the second shock of the second	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A) Contributing to death A CONTRIBUTION CONTRIBUTI	AS A CONSECULAR A	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF):	underlying to the more than th	ND ADDRESS OF FARE AND SEARCH AND	Part i. 24a. WALPER 1 Part i. 24a. WALPER 1 YE	S AN AUTOPSY PRORMED?	CCURED	Approximate Interval Betwonset and D Le Jeek Leck Leck Leck Leck Leck Leck Leck L
23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the sease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Challed Letter 1 Yes and the sease of the s	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A) Contributing to deat ACCOMMENT OF INJUITY (Month, Day, Yes 28e. PLACE OF INJUITY (Month, Day, Yes 1AN: To the bast of my ke	as a consecution as a consecution of the but not reached the but n	ENCE OF): ENCE OF): ENCE OF): ENCE OF): A DOA OTHER OF INJURY No., farm, street,	underlyin 26. PN EFR: Nursing Hor factory, office	ND ADDRESS OF FARE AND S WEST ST Dode of dying, such and cause given in LACE OF DEATN (C) The 5 Residence JURY AT ORK? YES 2 NO ce	I Part i. 24a. WALPER 1 TO YE 1 TO YE 28d. DESCRIBE No. 28f. LOCATION (St. City or Town, St. at to the cause(s) and	S AN AUTOPSY SPORMED? S 2 NO OW INJURY OF The and Number and Num	CCURED at or Rural ated.	Approximate Interval Betwonset and D Lecel Cecels Were Autopsy Find AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 Yes 2 No Route Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

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PIG.	5	De filed within 72 hours after death with the state Dept. of health and mental hygiene phor to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Barbara	Frank			Chea	tha	am		2. DAT	FOF DEATH	92	YEAR	3. TIME OF DEATH
220-48-1922	5. SEX		yrs. last birthday). 74 vns.	IF UNDER t	YEAR DAYS	IF UNDER 24 H	IRS.	(Mor	of BIRTN oth, Day, Year) 21-18		Countr	
Ba. FACILITY NAME (If not institution				9b. CITY, 1	OWN (OR LOCATION (OF DE		21-10		NTY OF D	oort, RI
5264 Chalk P				Wes	t I	River				Ann	e Aı	rundel
RESIDENCE OF DECEDE	OUNTY		100 CIT	Y. TOWN OR	1004	71041						
An An An All An An All An An All An An An An An An An An An An An An An	ne Arunde	1		st R	ive	er						10d, INSIDE CITY LIMITS? 1 YES 2X NO
264 Chalk	Point Roa	d				20778				US		VHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Marrie Widowed 4 Divorced	12. WAS OECEDER FORCES? IF YES, GIVE	YES	2 X NO	17.5	yes, sp	ENOENT OF HI ecity Cuban, M	ISPAN lexical Specify	n, Puarto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black Specif	- American Indian, White, atc.
15. DECEDENT (Specify only higher	'S EDUCATION of grade completed)	1	8a. OECEDENT'S (Give kind of w	USUAL OCC	UPATIO	ON .		16	b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	,	Photog:	e retired.)			ies	5	Drug	Sto	re	
FATHER'S NAME (First, Middle, L									Middle, Maiden	Sumame)		
illiam L. F						Phoe			-			
a. INFORMANT'S NAME (Type/Prin			19b. MAILING	ADDRESS (Street a	nd Number or R	Rural Fi	loute Nun	ber, City or Tow	n, State, Zip	Code)	
yle T. Che	atham				_		- I	Road	d, Wes	st R	iver	, MD 20
a. METNOO OF DISPOSITION XBurial 2 Cremation 3	Removal from State	cemete	LACE AND DATE O	ther place)				OAT	E 20c. LO	CATION —	City or To	wn, Stata
Donation 5 Other (Specifical Signature of Eugenal Serv		Lal	kemont	Ceme					Day	vidso	onvi	ille, MD
NH1	77///					esty E			al Hor	me. 1	Р. А.	
Daug	agh			90!	5 (Salesv	7 i]	lle	Road	. Gai	lest	ville, M
MMEDIATE CAUSE (Final	illura. List only ona cse	isa on aac	ha deeth. Do n h iina.	ot antar th	e mo	da of dying,	such	es csr	diec or reapi	retory srri	eat,	Approximate
issess or condition ————————————————————————————————————	s,	OR AS A C	COP	0.								Onset and De
equentisly list conditions, eny, lesding to immediate suse. Enter UNDERLYING AUSE (Disesse or Injury at Initiated events	b. DIE TO	(OR AS A C	ONSEQUENCE OF	Mo	4:							Interval Batwe
equentistly list conditions, eny, lesding to immediate euse. Entar UNDERLYING AUSE (Disease or Injury nat Initisted events soutting in death) LAST	b. DUE TO c DUE TO d	(OR AS A C	ONSEQUENCE OF););		NG	n in F	Part I.	24s. WAS AN PERFOR	MED?		Interval Batwonset and De Conset and De Cons
equentisity list conditions, eny, leading to immediate suse. Enter UNDERLYING AUSE (Disesse or Injury sat Initiated events suiting in death) LAST	b. DUE TO c. DUE TO d.	(OR AS A C	ONSEQUENCE OF););		NG	n in f	Part I.	PERFOR	MED?		Interval Batwonset and De
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equentisity list conditions, eny, leading to immediate buse. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other significant con WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending	DUE TO c. DUE TO d. CAL HOSPITAL: 1 Inpetient 2 28a. OATE OF (Month, D.)	(OR AS A CI	ONSEQUENCE OF ONSEQUENCE OF not resulting in	OTHER:	26. PL. g Home WOI	ace of Death	I (Chec	ck only o	PERFOR 1 YES 2 100 100 100 100 100 100 100 1	MED?	24b.	Interval Batwonset and De Conset and De Cons
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equentisity list conditions, eny, leading to immediate buse. Enter UNDERLYING AUSE (Disease or Injury late initiated events suiting in death) LAST ART it. Other algnificant continues the continues of the conti	DUE TO c. DUE TO d. CAL HOSPITAL: 1 Inpetient 2 28a. OATE OF (Month, D) etch be lot	(OR AS A CI (OR AS	ONSEQUENCE OF ONSEQUENCE OF not resulting in J J ant 3 DOA 28b, TiMe HJU At home, farm, st	OTHER: 4 Nursing E OF 24 JRY M d at the times	26. PL g Homologic INJU WOI 1 Y, office	ACE OF DEATH TRICY TRICY and place, and	dus t	ck only or other 28d. DE: 28f, LOC City	PERFOR 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NJURY OCC	URED or Rural Ro	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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equentisily list conditions, eny, leading to immediate base. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST ART il. Other aignificant con EXAMINER? 1 VES 2 NO MANNAR OF OEATH 2 Accident Investig 3 Suicide 6 Could n determine. 2 ERTIFIER (Check only) 1 CERTIFYING	DUE TO c. DUE TO d. CAL HOSPITAL: 1 Inpetient 2 28a. OATE OF (Month, D) etion bot be need PHYSICIAN: To the best of a RTIFIEL	(OR AS A CI (OR AS	ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF not resulting in 1 5 77 . ant 3 DOA 28b. Time HNJU At home, farm, st	OTHER: 4 Nursing treet, factory d at the time	26. PL g Homologic INJU WOI 1 Y, office	ACE OF DEATH TRICY TRICY and place, and	dua t	28d. DE:	PERFOR 1 YES 2 1 (Specify) SCRIBE HOW IN ATION (Street a or Town, State)	NJURY OCCI	URED or Rural Ro	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

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FUNERAL

BY

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pe must examiner medical the event. traumatic other 1 0 been signed by the atte shows any After this certificate has bee death with the State Dept. o marked, or Item 23 sh After TO THE HOSPITAL OR ATTENDI TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de 40 28

CERTIFICATION

PHYSICIAN:

BY

COMPLETED

5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Suis Dandon ACHARINE

IMPORTANT: If

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF GEATN 3. TIME OF DEATH ELEANOR G. p OI CLARKE 28 92 3:42 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-20-5180 1 - M 27 F 10 09 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL HANOVER 1 TYES 2 NO 10e. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 112 CHESAPEAKE MOBIL COURT 21076 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. Widowed 4 ☐ Divorced WHITE 18a. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) CLERK GROCERY STORE 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Sumame) ROBERT A. CLARKE HELENA CLARKE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) THOMAS B. CLARKE SR. CHESAPEAKE MOBIL CT.-HANOVER, MD. 21076 20a. METNOD OF DISPOSITION
2 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stata NEW CATHEDRAL 4 Donellon 5 Other 1/31 BALTIMORE, MD. MAL SERVICE LICENSEE/ 22, NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 2106 426 CRAIN HWY.S.W.GLEN BURNIE, MD. an 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallore. List only one cause on each line. Interval Batwean IMMEDIATE CAUSE (Final ongothur Heart Failure Duego (DR AS A CONSEQUENCE OF): Erno Sclepotic Carolio Verculer Discore Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART At Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS 190 arole 1 YES 2 NO N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA 1 TES 2 NO OTHER: 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 1 XNatural 5 Pending М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, 1arm, street, factory, office building, stc. (Specify) 3 Sulcide 6 Could not be determined 291 LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29e. CERTIFIER (Check only one)

29 APPOINT EXAMINED A 1 APPOINT EXAMINE 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER Attending Doctor 29d. DATE SIGNEO (Month, Day, Year)

C.V.CYRIAC M.D.-1600 CRAIN HWY.S.W.SUITE #308-GLEN BURNIE, MD.

01/29/92

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68760,
BOX
S, P.O
RECORD
OF VITAL
DIVISION

	1 - STATE REGISTRAR	OIATE OF MARTIE		T OF HEALTH AND E OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	JOANNA D	OCKETT		2. DATE OF DEATH DO	1 4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)	0.	BIRTHPLACE (State or Foreign Country)
١	220 40 2618	1 - M 2/X F	60 YRS. MONTHS	DAYS HOURS MIN.	1/22/133	2 M:	rvland
4	9a. FACILITY NAME (If not institution, give at	4 4 4		ry, Town OR LOCATION OF D	EATN	9c. COUNTY	OF DEATH
CTO	RESIDENCE OF DECEDENT	7D. HOSPI	THE C	LINION		PRIN	CE GEORG
2	10a. STATE 10b. COUNTY	W.	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
L D	Maryland Charl	es	Indian	Head 101, ZIP CODE		100 CITIZEI	1 YES 2 NO
RA	Route 2 Box 3 E	mma Lane		20640		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2)(NO	B. WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic 1 YES X NO Speci	in, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify:
- 11	15. DECEDENT'S EDUC		16s. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU	SINESS/INDUS	Black
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired	e during most of working .)			
MP	12th		Homemak			stic	
- 1	17. FATNER'S NAME (First, Middle, Last) Sydney E. Dock	att			ME (First, Middle, Maiden	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	ett	19b. MAILING ADDRE	SS (Street and Number or Rural	Johnson Route Number, City or Tow	m, State, Zip Co	de) 20640
2	Joyce Hickman			Box 3 Emma			20040
	20a METNOD OF DISPOSITION X □ Burial 2 □ Cremation 3 □ Remo		PLACE AND DATE OF DIS	SPOSITION (Nama			or Town, State
	4 Donation 5 Other (Specify)			morial Par 2. NAME AND ADDRESS OF F	11/29/92	Wald	orf, Mary
	21. SIGNATURE OF EUNERAL SERVICE LIC	M. Riti		Adams Fun			
	"Xlayd	m. Este	P	Aduasco		206	
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	oop)			
CAL CE	PART II. Other aignificent condition	e contributing to death b	ut not resulting in the	underlying cause given in	Part I. 24e. WAS AP		24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
MEDIC					1 _ YES	2 NO	OF DEATH?
Ξ							1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			25. PLACE OF DEATH (C	heck only one)		
YSIC	1 YES 2 NO	HOSPITAL: 1√ Inpetient 2 □ ER/Outp	etient 3 DOA 4 N	ER: lursing Home 5 🗆 Residence	6 Other (Specify)		
F	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCU	RED
-	2 Accident Investigation	28a PLACE OF INHIBY	— At home, farm, atreet, f	1 YES 2 NO	28f. LOCATION (Street	and Mumber or	Russ Courts Number
BY	2 Quioldo	h. ##	tty)	// ******	City or Town, State		The of Federal Publisher,
ED BY	3 Suicide 8 Could not be 4 Nomicide detarmined	building, etc. (Spec					
ED BY	4 Nomicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the bast of my know					
COMPLETED BY	4 Nomicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the bast of my know R: On the basis of examination		y opinion, death occured at th	e time, data and place, a	nd due to the	cause(a) and manner as state
BE COMPLETED BY	4 Nomicide detarmined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE	CIAN: To the bast of my know R: On the basis of examination			e time, data and place, a	nd due to the	
COMPLETED BY	4 Nomicide detarmined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI ONE) 2 MEDICAL EXAMINE	CIAN: To the bast of my know. R: On the basis of examination	n and/or investigation, in m	y opinion, death occured at th	e time, data and place, a	nd due to the	cause(a) and manner as stat

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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTMENT OF	HEALTH AND	MENTAL HYGIEN		00020	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
				ARD BLAI	MONTH D		2 0715 M		
\	4. SOCIAL SECURITY NUMBER 089. 104416	5. SEX 8. AGE	(In yrs. last birthde	MONTH DAME	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	HRTHPLACE (State or Foreign country)	
)			73 YAS			Aug 17 10		W YORK CITY	
1	99. FACILITY NAME (If not institution, give ANNE ARUNDEL MED I				OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
ривестоя	RESIDENCE OF DECEDENT	CAL CENTER		ANNAPO	T2 MD		AACo		
REC	10a. STATE 10b. COUNT	ïY	10c.	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY	
0	MD AACC)	AN	NAPOLIS				LIMITS?	
3AL	100. STREET AND NUMBER				H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1008 TALLWOOD RD				21403		USA		
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EYER II FORCES? 1 YES IF YES, GIVE WAR OR D	U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.	
ВУ	3 Widowed 4 Divorced	1942-46	ATES	1 🗆 YE	3 2 NO Speci	fy:		Specify:	
	15. DECEDENT'S EDU	JCATION	16a, DECEDENT	T'S USUAL OCCUPAT	ION .	16b. KIND OF BU		HITE	
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8+)	(Give kind life. Do NO	of work done during m T use retired.)	ost of working	TOD. KIND OF BU.	3MC33/MD031	**	
AP.	12		relay	adjuster		Electro	niss		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malden	Surname)		
BE	Oscar	Almond			Mary Fr	ances Brad	У		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Codi	9)	
	Doris Irene Dobs	on	100	8 Tallwoo	od Rd. #	1 Annapoli	s,Md.2	1403	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	novel from State 20b	PLACE AND DAT	TE OF DISPOSITION (Nor other place)	eme of	DATE 20c. LO	CATION City	or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF GUNERAL SERVICE LI	CENSEE.	etro Cr	ematory	ND ADDRESS OF FA	7/92 Bal	timore	Md	
	1	3				ral Home			
	Mones H	Harlesty		12 D:	dalar An	t Camana 1 d	e Md 2	1401	
	23. PART I. Enter the diseesea, or ahock, or heart fellure.	complications that caused List only one cause on e	I the deeth. Do	o not enter the me	ode of dyling, suc	h as cardiec or respi	ratory arrest,	Approximete Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	0 . 0.0		^				Onset and Death	
	resulting in death)	· CESPITA	mark	Mu	Me				
		Cass A	CONSEQUENCE	OF):	- Coa Am Ca				
ō	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):								
CAT	if any, leading to immediate cause. Enter UNDERLYING	. UN	To MIS	TASTAS	55 PM	con Gi	0 = /	į l	
E	CAUSE (Disease or Injury that Initiated events	10 (011 10 1	CONSCOULACE	OF):					
CERTIFICATION	resulting in death) LAST	d	Man						
	PART II. Other significant condition	na contributing to death b	ut not resultin	g in the underlyin	a cause alvan in	Part I. 24s, WAS AN	AUTODOV I		
PHYSICIAN: MEDICAL		proon		g ale anderlyin	A conse diveit ill	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE	
요						1 🗍 YES 2	DING	OF DEATH?	
2						- 1		1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	ertient 3 DOA	OTHER:		8 Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c. IN.	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	0	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	- '		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm	n, afreet, factory, offic	•	281. LOCATION (Street a	nd Number or Ru	ral Route Number,	
	4 Homicide datarmined					City or Town, Stete)			
COMPLETED	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	edge, death occu	irred at the time, data	and place, and due	to the cause(s) and man	ner as stated.		
Š	one) 2 MEDICAL EXAMINE	ER: On the basis of examination	and/or investige	tion, in my opinion, o	leath occured at the	time, data and place, and	d due to the cau	se(e) end manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)	
0	11				D41	698	1/	26/97	
- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	TH (ITEM 27) (Ty	pe, Print)		411.		ANNAPOLIS	
	NK-SIEPHAN	HAMMI ITOM		RANKL	v + CA	ThELANL	575	MO	
	JAN 28 1992	32. REGISTRAR'S SIGNA							
	UNIT & U 1332	This minister	Library					1	

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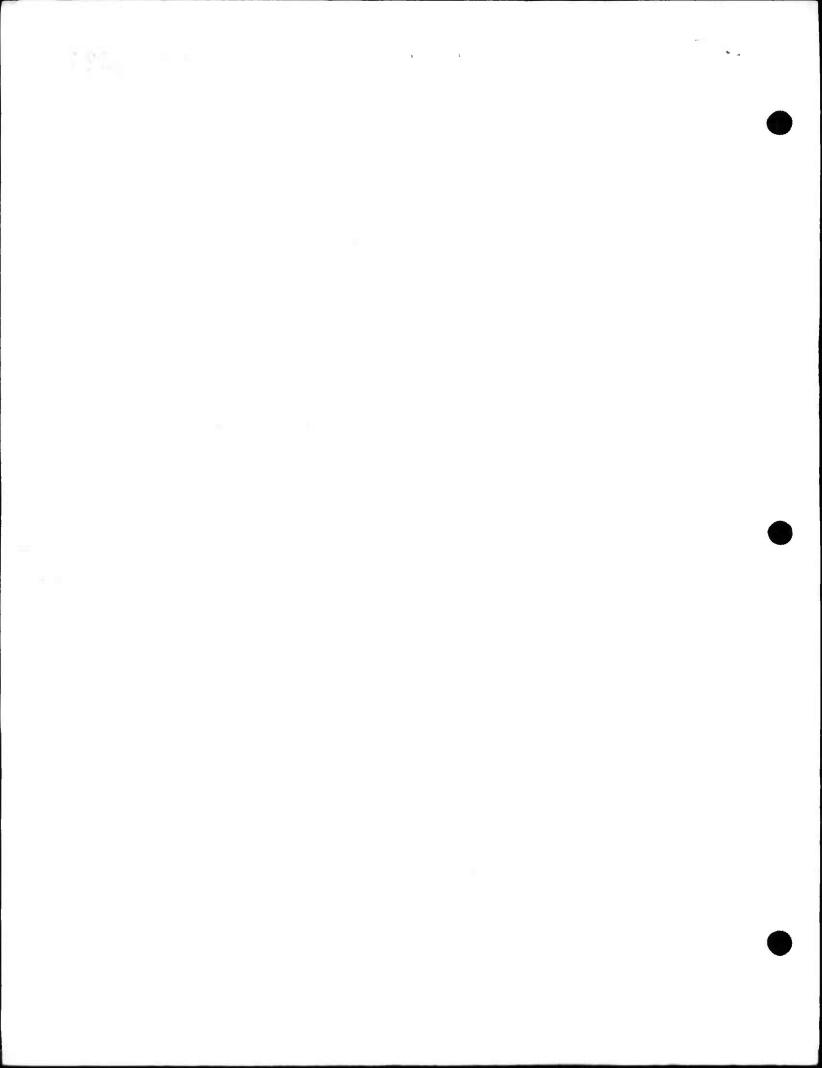
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		FOR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HY		00020
		1 - STATE REGISTRAR			ICATE OF				
	12	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	3. TIME OF DEATH
		Doris T. Ell				1	D MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH DAY JANUARY 25, 1992 3. TIME OF DEATH JANUARY 25, 1992 3. TIME OF DEATH 2 P M 2 P M 3. TIME OF DEATH 2 P M 2 P M 3. TIME OF DEATH 2 P M 2 P M 3. TIME OF DEATH 2 P M 2 P M 3. TIME OF DEATH 2 P M 2 P M 3. TIME OF DEATH 2 P M 2 P M 3. TIME OF DEATH 2 P M 3. TIME OF DEATH 2 P M 3. TIME OF DEATH 2 P M 3. TIME OF DEATH 2 P M 3. TIME OF DEATH 3. TIME OF DEATH 4 P M 3. TIME OF DEATH 4 P M 3. TIME OF DEATH 4 P M 4 P M 4 P M 5 COUNTY OF DEATH WOTC CSTETY LIMITS? 1 YES 2 M M 4 P M 5 COUNTY OF DEATH WOTC STETY LIMITS? 1 YES 2 M M 5 DEATH 4 P M 5 COUNTY OF DEATH WOTC STETY LIMITS? 1 YES 2 M M 5 DEATH 4 P M 5 COUNTY OF DEATH WOTC STETY LIMITS? 1 YES 2 M M 5 DEATH 4 P M 5 COUNTY OF DEATH WOTC STETY LIMITS? 1 YES 2 M M 5 DEATH 4 P M 6 109. CITIZEN OF WHAT COUNTRY USA 14. RACE — American Indian, Black, White, atc. Specify: White 15 DEATH White, atc. Specify: White 16 DEATH WOTC STETY LIMITS? 1 YES 2 D M M M 16 DEATH WOTC STETY LIMITS? 1 YES 2 D M M M 16 DEATH WOTC STETY LIMITS? 1 YES 2 D M M M 16 DEATH WOTC STETY LIMITS? 1 YES 2 D M M M M M M M M M M M M M M M M M M		
(P		21) 14 ()00	1 M 2 X F 9	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIF (Month, Day, 6/10/	DEATH DAY TY 25, 1992 3. TIME OF DEATH TY 25, 1992 2 P INTHITH INTERPLACE (State or Foreign Virginia 9e. COUNTY OF DEATH WOTC ester 10d. INSIDE CITY LIMITS7 1 YES 2 12 NO 10g. CITIZEN OF WHAT COUNTRY? USA Decity Yea or No— 14. RACE — American Indian, Black, Whita, atc. Specify: White D OF BUSINESS/INDUSTRY OWN HOME 6. Maiden Sumame) 12 Nown, State, Zip Code) 13 Nown, State, Zip Code) 14 Nown, State, Zip Code) 15 Nown, State, Zip Code) 16 Maryland 21801 20c. LOCATION — City or Town, Stata Stockton, Maryland 16 OW Hill, Md. 21863 Or reepiratory arrest, Approximate Interval Betwee Onset and Death 16 OW Hill, Md. 21863 Or reepiratory arrest, Approximate Interval Betwee Onset and Death 17 YES 2 No 18 Now State Autopsy Finding Approximate Interval Betwee Onset and Death 19 OPEN (Street and Number or Rural Route Number, Name, State) 19 Jeca, and due to the cause(a) and menner as stated. 19 Jeca, and due to the cause(a) and menner as stated.	
1	1	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF DI	EATH		
24	ē.	5836 George Is	Land Road		Sto	ckton			Morcester
- E	DIRECT	. 10a. STATE 10b. COUNTY	ester	10c. CIT	Y, TOWN OR LOCA Stock				LIMITS?
		MALYLAND NUMBER	ESCEL			H. ZIP CODE		10g CITIZ	
physiclan. burial-transit permit.	FUNERAL	5836 George Is				21864			
ding physicia the burial-t	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, s		an, Puarto Rican,		Black, White, atc. Specify:
atten Se as		15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATI	ION ost of working	16b. KIND	OF BUSINESS/INDU	STRY
by the hospital or attending be detached for use as the at once.	COMPLETE	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)		work done during m se retired.) nemaker			Own Home	9
be detach		17. FATHER'S NAME (First, Middle, Last) Lewis Taylor							
5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	-	_		Gode)
5 should notified	임	Audrey Burbage							•
ay be		20e. METHOD OF DISPOSITION	20b			emetery, crematory or			
6 m sctor,		1 X Burial 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	ral from State	Porters	ville Me	th. Ceme	terv	Stocktor	n. Maryland
Page al din		21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME /	NO ADDRESS OF FA	CILITY		.,
leath.		Marin Marin	//				NT OF HISPANIC ORIGIN? (Specify Year or No Cuban, Maxican, Puarto Rican, etc.) NO Specify: 16b. KIND OF BUSINESS OWN H MOTHER'S NAME (First, Middle, Maiden Surnar Lillian Unknown mber or Rural Route Number, City or Town, State , Salisbury, Maryl cremetory or Cemetery Stock DRESS OF FACILITY uneral Home klin St., Snow Hill dying, such as cardiac or reepiratory dee given in Part I. 24a. WAS AN AUTO		
the the loval.	\vdash	23 #AUT Enter the diseases for or	amplications that cause	d the death. Do					
In by	l I	shock, or heert failure. L	let only one cause on e	ech line.	not sintst the m	oas or aying, suc	n se cardiac d	r reepiratory arre	interval Between
fille on,		IMMEDIATE CAUSE (Final disease or condition	267		-20				
vithin pletely remat		resulting in deeth)	DIE TO OR AS A	CONSEQUENCE	FAILUZE				SCHERAL W
comp tial, c			ASHD	COMOLOGENOL	, ,.				Sugar
at pri	S S	Sequentially list conditions, b		CONSEQUENCE O	PF):				EVERAL IB
e be sician rifor t	Ă	if eny, leeding to immediate cause. Enter UNDERLYING							
ificati physene p	[필	CAUSE (Diseass or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE C	PF):				
Hyging or of	듄	reculting in death) LAST							
death e atte fental	🎖	DADT II. Other electricest conditions			1. Ab				
by the	동		Contributing to death b	at not resulting	in the underlyin	ing cause given in			AVAILABLE PRIOR TO
IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be IAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	👸	INANITION		_			1 🗆	YES 2 NO	
									1 YES 2 NO
	ä								
: The	호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0.517	OTHER:	0.023			
PHYSICIAN: The law requires that the death certificat this certificate has been signed by the attending phy, with the State Dept. of Heath and Mental Hyglene priced, or item 23 shows any injury, or other	Ι×S	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	patient 3 DOA		me 5 K Rasidenca			Unco
this c		1 Natural 5 Pending	(Month, Day, Year)		JURY W	ORK?	28d. DESCHIBI	HOW INJURY OCC	UNED
	B	2 Accident Investigation	28e. PLACE OF INJURY	At home form		YES 2 NO	201 LOCATION	/Otmat and Number	or Rural Boute Mumber
TEND TOR: ,		3 Suicide 8 Could not be 4 Homicide datarmined	building, etc. (Spec	clfy)	onest, lactory, sin		City or Tow	n, State)	rioral riodie redirider,
ON AT AND SHEET OURS	9	29a. CERTIFIER	and the second second	ANTANA TRO	Tan 125-12 11 14	10 of hitearts		barga entonomieso	
E AK =	MP	(Check only				and the second second			
HOSP HOSP WITH MANT	8			unsessign					
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Holworth,	a. A		29c. LICENSE NU		29d. DATE	SIGNED (Month, Day, Year)
2 2 3 X	0	30 NAME AND ADDRESS OF PERSON WHO				200		1.	-25-82

32. REGISTRIAN'S SIGNATURE
Juna Daydson-Randara



TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
After this entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT ERTIFICATI	T OF H	IEALTH DE AT	AND N				U	0021	
	1. DECEDENT'S NAME (First, Middle, Last)			DEA.	-	2. DATE OF DE	ATH			3. TIME OF DEATH	
	MARY EDLEY MARY EI	DLEV				MDNTH	21	9	AR	2450	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last	24 HRS.	7. DATE OF BIRTH 8. BIRTHPLACE			LACE (State or Foreign					
	214-14-2277 1 M 2 F	YRS. MONTHS	DAYS	HOURS	MIN.	(Month, Pay,)	130	(S C		
1	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
9	AA MEDICAL ANNAPOLIS						_	AA C).		
BY FUNERAL	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	10c, CITY, TOWN	OR LOCAT	1041							
E E	MD AA CO.			ION					- 1	IOd. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	ANNAPO		ZIP CODE				40 047177	_	YES 2 NO	
ER/	807 WEST STREET		1				- 1		OF WH	AT COUNTRY?	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM	2 1 4 0 1 US MEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RACE — America						- American Indian,			
	1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	٥١	If yes, spi	ecify Cuben	, Mexicen Specify:	, Puerto Ricen, e	tc.)		Black,	White, etc.	
	3 XWIdowed 4 Divorced			X	оросну.				Specny:	BLACK	
Ħ	(Specify only nignest grade completed) (Giv	EDENT'S USUAL O	CCUPATIO	ON st of working	,	16b. KIND (OF BUSI	NESS/INDUST	RY		
Ë	Elementery/Secondary (0-12) College (1-4 or 5+)	Do NOT use retired.)		or or worning	,						
MP	LAUN	IDRY				US N	AVA	L ACA	DE	MY	
	17. FATHER'S NAME (First, Middle, Last)			18. MOTH	ER'S NAN	NE (First, Middle, A	falden St	umame)			
BE	19a. INFORMANT'S NAME (Type/Print) 19h			MAR	GARI	ET MER	RIT	Т			
2	TOGETH BOOMS	MAILING ADDRESS						State, Zip Cod	9)		
		10 WES			ANNA			D 214			
	Burlel 2 Cremation 3 Removal from State cametery, crem	20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State									
	Donation 5 Other (Specify) 9 PINELAWN 1-25-92 ANNAPOLIS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
1 14	17- 110					NS MO	RTII	ARY.	р.	Δ	
	gary J. Kelse	18:	21 W	IEST	ST	ANN	A DA	TTC	MD	21401	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Approximate Approximate Interval Between Interval Betwee										
	IMMEDIATE CAUSE (Final										
	resulting in death) s. Veve Q. Devis	sterit	Cor	1901	62	e Hea	ith	ailur	0_	13/2 Jeols-	
	DUE TO (OR AS A CONSECU				0		1			1	
NO	Sequentially list conditions,	lio-m	40	por	They					Weeks	
AT	If any, leading to immediate	JENCE OF):	/ /		0		17	1 [1	2 /	
윤	CAUSE (Disease or Injury that Initiated events Cause Course Cour	HENCE OF	Jak	yru	400	condia	XM	your	68	3 Sheeks	
E	resulting in death) LAST	DENCE OF).					,				
3	d									-	
	PART II. Other algnificant conditions contributing to death but not re-	aulting in the un	derlying	cause gl	ven In P		AS AN AL			ERE AUTOPSY FINDINGS	
음	travota wellitus on	sulin.	de	pen	den	4	ES 2	4	C	MAILABLE PRIOR TO OMPLETION DF CAUSE	
ME	/							(F DEATH?	
ä										- 120 2 - 110	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DE	ATH (Chec	k only one)					
KSI	1 YES 2 NO 1 PRIVATE 1 PRI	DOA 4 Num		5 🗆 Resi	Idence 6	Other (Specify	()				
F	Month Day Veer)	28b. TIME OF INJURY	28c. INJU WOF	IRY AT	_	28d DESCRIBE	_	URY OCCURE	D		
	Natural 5 Pending 2 Accident Investigation	M		ES 2 🗌	NO						
	3 Suicide 6 Could not be datermined datermined	e, farm, atreet, lecte	ory, office			28f. LOCATION (S City or Town,	Street and	Number or Ru	iral Rou	te Number,	
Ë	4 Homicide datermined					only or lown,	Orale)				
7	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beet of my knowledge, deat	th occurred at the ti	me, date e	end place, e	and due to	the ceuse(s) en	d menne	er ee stated.			
O	2 MEDICAL EXAMINER: On the beste of examination end/or Im	veatigation, in my o	pinion, de	ath occured	f at the ti	me, date end pla-	ce, end d	due to the ceu	se(e) e	nd manner ee stated.	
	290. SIGNATURE AND TITLE OF CERTIFIER		A	29c. LICEN						onth, Day, Yeer)	
	Iller Well 10 11.	My	ソー	01	165	2	1	/_	21	0.2	
임	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		1/1	100	1		-/-	~1	7	
	YOTELY VERKOUW MD	1833 to	man	大川	W I	Annak	1/	5 141)	2//10/	
	31. DATE FILED (Month, Day, Ybar) 1 A N 2 7 1002 4 L. Aryadam Kandasa			- (1)	10 1	1111000	- 00	1		-140/	
	JAN 27 1992 July Durdson Handelle										

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	funeral	- interest
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Item: 19a, per F.H. G-684 2/12/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 STATE STATE OF MARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIE				
	1. OECEDENT'S NAME (First, Middle, Lest) John F. Fitzpatrick				2. DATE OF DEATH MONTH Jan. 28	DAY YEAR	3. TIME OF DEATH 2:30 P M		
	4. SOCIAL SECURITY NUMBER 215-07-7139 S. SEX 6. AGE (In yrs. It ≥ 12 M 2 □ F 72	est birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 23,	8, Bill Co.	ATHPLACE (State or Foreign untry) aryland		
TOR	9e. FACILITY NAME (If not institution, give street and number) 122 Marie Ave. RESIDENCE OF DECEDENT		Glen Bi	or Location of	DEATH	Anne A	rundel		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne Arundel		en Burn:				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
BY FUNERAL	100. STREET AND NUMBER 122 Marie Ave.		10	1. ZIP CODE 21060			F WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 Nes 2 FORCES? 1 Nes 2 FORCES? 1 Nes 2 FORCES?	RMED NO	If yes, s	CENDENT OF HISPA Hecity Cuben, Mexic 3 2 KNO Spec	ANIC ORIGIN? (Specify tean, Puarto Rican, atc.)	B	ACE — American Indian, ack, Whita, atc. white		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Di	ECEDENT'S Give kind of w le. Do NOT us .Spatc		ON ost of working		USINESS/INDUSTR			
BE CO	17. FATHER'S NAME (First, Middle, Last) John P. Fitzpatrick			Anne G	AME (First, Middle, Maide King	CHILDRA .			
10	Edna H. Davis Fitzpatrick	122 M	arie Av	e., Glen	Route Number, City or R		21060		
	1 13-Buriet 2 13 Cremation 3 13 Removal from State cemelary, or	remalory or other	n Mem.	Pk. 1/3	1/92 G1e		Town, State		
Ц	2 PART LEWIS TO THE STATE OF TH	·	421 (rain Hw	ick Funera	Glen Bur	nie, MD21061		
	23. PART I. Enter the diseasea, or complications that caused the disease or cause on each iin iMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSE	e. ance	1	de of dying, au	ch as cerdiec or res	piratory srreat,	Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente reculting in death) LAST b. OUE TO (OR AS A CONSE								
MEDICAL	PART ii. Other algnificant conditions contributing to deeth but not	resulting in	n the underlyin	g ceuse given in		ORMED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (C					
BY PHYS	1 VES 2 NO 1 Inpatient 2 ER/Outpetient ; 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation	28b. TIME	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED			
0		2 Accident investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number.)							
COMPLET	29s. CERTIFIER (Check only 1	nath occurred	d at the time, data , in my opinion, d	and place, and du	n to the cause(s) and m	anner as stated.	e(a) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	- /	MP.	296. LICENSE NU	MBER 943/		ED (Month, Day, Year) - 28, 1992		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE		5.75 R	itchic	HW G	lenBurni	c'mD21061		
	JAN 3 1 1992	معد							

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	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND DEATH	MENTAL HYGIEN	E	03323		
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
		ELLA VIRGI	NIA	FAR	LOW	JANGARY	20. 492			
1			"	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)		
D BY FUNERAL DIRECTOR	0 100	1 M 2 DF 9	3 YRS.	UATS UATS	HOURS MIN.	8/13/189		RGINIA		
· C	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D									
0	PENINSIILA GENERAL HOSPITAL SALISBURY WICOMICO									
E.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY		
	VIRGINIA ACCO	MACK CO.	OAK	HAI.I.				LIMITS?		
M	10e. STREET AND NUMBER		LUAN		. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
ji ji	DOWNINGS	ROAD		2	3416		II S A			
E	11. MARITAL STATUS 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14 RA	CE — American Indian,		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Speci	fy:		WHITE		
	15. DECEDENT'S EDUCAT	TION	16e. DECEDENT'S U	SUAL OCCUPATION	NN .	165 KIND OF BUI	BINESS/INDUSTRY	MUTIE		
	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of wo	ork done during mo:	st of working	IOD, KIND OF BU	SMESS/INDUSTRY			
AP.	6 tq,	0	SCHOOL	CAFETI	ERIA	FOOD				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meiden	Surneme)			
BE (WILLIAM FARLO	W			ELLA F	HANCOCK				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)			
	MRS. HARVY THOR	NTON		SAND S	STREET,	TEMPERANO	CEVILLE,	VA 23442		
- 1	20e. METHOD OF DISPOSITION 1 Description 1 Description 2 Description 3	if from State ceme	PLACE AND DATE OF tery, cremetory or other	er place)	me of	DATE 20c. LO	CATION — City or	Town, State		
	4 Donation 6 Other (Specify)	DC	WNINGS	CEME		7491 OAK	HALL,	VA 23416		
	> M. Dale To			22. NAME AN	D ADDRESS OF FA	KCILI I Y	NERAL HO			
11		/		P.O. E	OX 278 1	RT. 13, TE	IPERANCE	VILLE, VA		
	23. PART I. Enter the diseases, or con- ehock, or heert failure. Lie IMMEDIATE CAUSE (Finel disease or condition	nplications that coused at only one cause on each	the deeth. Do no	t enter the mod	de Of dying, suc	h aa cardiac or reapi	ratDry arrest,	Approximate interval Between Onsat and Death		
	resulting in death)	DUE TO TOR AS A	CONSEQUENCE OF):							
Z	- Ocute Prevenine									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
임	CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):									
Ē	reaulting in death) LAST	DOE TO (OR AS A C	CONSCOUENCE OF):							
Image: Control of the control of the	d									
¥	PART II. Other aignificant conditions of	contributing to death bu	t not resulting in	the underlying	ceuse given in	Pert 1. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS		
ă	end More (0)	or Jerny	habin,	Ostor	Muis	∠ 1 □ YES &		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	Congestrat Bent -	Faither					~	1 TES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDIC	EXAMINER?	SPITAL:		26. PL/	ACE OF DEATH (Ch	eck only ona)				
¥ ∥	27. MANNER OF DEATH	28e, DATE OF INJURY	lent 3 DOA 4			6 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	TY WOR		28d. DESCRIBE HOW IN	JURY OCCURED			
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, ferm, atro		2 1 110	26f. LOCATION (Street e	ard Number or Divel	Doub Musha		
Ē	4 Homicide datermined	building, etc. (Specif)	1)			City or Town, State)	Nomber of North	rioute number,		
ן ב	29s. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowled	fine death occurred	at the time date	and alone and dis-	ELWI DE SALE AND A				
COMPLETED	one) 2 MEDICAL EXAMINER: C	On the besis of examination	end/or investigation,	in my opinion, de	ath occured at the	time, date and place, and	ner es stated.	(a) and manner as stated		
- 10	29h. SIGNATURE AND TITLE OF GENTIFIER		7		29c. LICENSE NUN					
	61016	W			040	190	230. DATE SISNE	(Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	rint)	1	1	1/1	7 /-		
ا رد	31, DATE FILED (Month, Day Year)	32. PEGISTRAR'S SIGNAT	SA lisbu	ky Me	deenten	-, Salikbu	by MD	21201		
77. III	JAN 2 3 '92	32. REGISTRAD'S SIGNAT	1-Rando De							

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ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detacher wal.	il examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by sind within 27 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

REGISTRAR	STATE OF MARY		TE OF DEATH		REG. NO.									
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE	OF DEATH		3. TIME OF DEATH							
Milan	Wayne /	Garret	-	MONT	1/27/92	YEAR	N							
4. SOCIAL SECURITY NUMBER			IDER T YEAR IF UNDER 24 I	RS. 7. DATE	OF BIRTH	8. BIRTHI	PLACE (State or Foreign							
196-26-3111	12 M 2 🗆 F	91 YRS. MONT	HE DAYS HOURS A		1, Day, Year)	Country								
9e. FACILITY NAME (If not institution, gi	ve street and number)		CITY, TOWN OR LOCATION			MODI JNTY OF DE								
24 Truckhouse		G	en Burnie		Ann	e Arı	ındel							
10e. STATE 10b. COU MD Ani	nty ne Arundel		wn on Location na Park				10d. INSIDE CITY LIMITS?							
					T in		1 YES 2 HITO							
24 Truckhouse I	≀oad		10f. ZIP CODE	146		S.A.	HAT COUNTRY?							
11. MARITAL STATUS 1 Neves-Married 2 Merried	12. WAS DECEOENT EVER FORCES? 1 YE		13. WAS DECENDENT OF H	ISPANIC ORIGIN	1? (Specify Yee or No— Ricen, etc.)	- American Indian, , White, etc.								
Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 NO	Specify:		Specif	•							
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S USUA	I OCCUPATION	100	. KIND OF BUSINESS/IN		Caucasian							
(Specify only highest g	rade completed)	(Give kind of work of	one during most of working	100	. KIND OF BUSINESS/IN	DUSTRY								
Elementary/Secondary (0-12)	College (1-4 or 5 +)													
7. FATHER'S NAME (First, Middle, Last)		Physics E			Ollege Middle, Maiden Sumame)									
	_													
Milan J. Garret	.C			Sterm										
			RESS (Street and Number or											
Mrs. Sadie Garrett Curtis 16 Beach Road Severna Park MD 21146														
0e. METHOD OF DISPOSITION	lemoval from State	Ob. PLACE OF DISPOSITION other place)	(Name of cemetery, cremeto	ry or	20c. LOCATION	- City or To	wn, State							
□ Donation 5 □ Other (Specify)	N	Metro Cremat			Baltimore	Mar	vland							
H. SIGNATURE OF FUNDINAL SERVICE	LICORSIE		22. NAME AND ADDRESS	OF FACILITY	195 Ritchi	e Hwy	7.							
1 Camon	5 TROW	ancid B	rranco Fune	ral Hor	ne Severna	Dark	MD 21146							
23 PAUL Enter the diseases	or complibations that saw						Approximate							
23. PART. Enter the diseases, or comblications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):							interval Between Onsel and Deati							
Sequentially list conditions, If any, leading to immediate DISENSE ATHEROSCLEROTIC CARDIOVASCULAR DISENSE DUE TO (OR AS A CONSEQUENCE OF):							15 YRS							
ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST c. DUE TO (OR AS A CONSEQUENCE OF): d.														
PART II. Other algnificant condi	tione contributing ID death	but not resulting in th	underlying ceuse giv	en in Part I.	24a. WAS AN AUTOPS	246.	WERE AUTOPSY FINDINGS							
		DISENSE			PERFORMED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
ALZH	OUTLET		aN		1 TYES 2 NO		OF DEATH?							
ALZH	001061	OD ORCOCK	014				1 NES 2 NO							
ALZH URINAR														
URINAR			76 01 405 05 05 05	M (Chack aut)	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: QTHER:									
URINARY 5. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	QT	HER:	111										
URINARY 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 2 NO	HOSPITAL:	utpetient 3 DOA 4	HER: Nursing Home 5 - Resid	ence 8 🗆 Othe	or (Specify)									
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	y 28b. TIME OF INJURY	HER:	lence 8 Other		CCURED								
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: 1 Inpatient 2 FR/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S	Y 28b. TIME OF INJURY	PER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 N	28d. DE	or (Specify)		loute Number,							
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: 1 Inpatient 2 FR/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR building, etc. (S	Y 28b. TIME OF INJURY	PER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 N	28d. DE	or (Specify) SCRIBE HOW INJURY O		loute Number,							
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident Investigate 3 Usulcide 8 Could not detarmine 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Veal 28e. PLACE OF INJU building, etc. (S	PY 28b. TIME OF INJURY RY — At home, farm, street pecify) owledge, death occurred at	28c. INJURY AT WORK? M 1 YES 2 N factory, office	28d, DE	or (Specify) SCRIBE HOW INJURY O CATION (Street and Numb or Town, State) use(e) end menner as st	er or Rural F								
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR be dd 28e. PLACE OF INJUR building, etc. (S) HYSICIAN: To the best of my kn MINER: On the basis of examina	PY 28b. TIME OF INJURY RY — At home, farm, street pecify) owledge, death occurred at	28c. INJURY AT WORK? M 1 YES 2 N factory, office	28d, DE	or (Specify) SCRIBE HOW INJURY O CATION (Street and Numb or Town, State) use(e) end menner as st	er or Rural F								
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident Investigate 3 Usulcide 8 Could not detarmine 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR be dd 28e. PLACE OF INJUR building, etc. (S) HYSICIAN: To the best of my kn MINER: On the basis of examina	PY 28b. TIME OF INJURY RY — At home, farm, street pecify) owledge, death occurred at	28c. INJURY AT WORK? M 1 YES 2 N factory, office	28d, DE 28d, DE 28f, LOC 28f, LOC City and due to the ca	or (Specify) SCRIBE HOW INJURY O CATION (Street and Numb or Town, State) use(e) end menner as st e and place, end due to	er or Rural F								
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJUR 28e. PLACE OF INJUR be did 100 100 100 100 14YSICIAN: To the best of my kn MINER: On the basis of examina	PY — At home, farm, street pecify) Note: The control of the contr	A Page LICENS	28d, DE 28d, DE 28f, LOC City and due to the ca	or (Specify) SCRIBE HOW INJURY O CATION (Street and Numb or Town, State) use(e) end menner as st e and place, end due to	er or Rural F) end menner ee stated.							
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Actural 5 Pending Investigate 2 Accident Investigate 3 Suicide 8 Could not determine 4 Homicide Certifying P	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Veal 28e. PLACE OF INJU building, etc. (S	PY 28b. TIME OF INJURY RY — At home, farm, street pecify) owledge, death occurred at	28c. INJURY AT WORK? M 1 YES 2 N factory, office	28d, DE	or (Specify) SCRIBE HOW INJURY O CATION (Street and Numb or Town, State) use(e) end menner as st	er or Rural F								

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no no no no no no no no no no no no no n	once.
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2000	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	xamin
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State Dept. of He	Nem
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMENT OF	F HEALTH	AND N	MENTAL HYGIEN REG. NO	_	00001
	1. DECEDENT'S NAME (First, Middle, Last)	F	NCIS		Got	bet	SR	2. DATE OF OEATH MONTH	6-0	3. TIME OF DEATH 7:30 CV
١	4. SOCIAL SECURITY NUMBER 577–40–9468	5. SEX 1 🖄 M 2 🗌 F	6. AGE (In yrs. II	YRS.	IF UNDER 1 YE.		MIN.	NOV. 29,	1911	8. BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give s St. May U.S RESIDENCE OF DECEDENT	HOS	oital		96. CITY, TOV	ON LOCAT	dt	ath OWO	St. COUN	- Marus
DIRECTOR	Maryland Char.				aldorf	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2/X NO
FUNERAL	3428 Milstead Cou					10f. ZIP COD	20602	2	10g. CITI	USA
B	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? (IF YES, GIVE W	TEVER IN U.S. A VES 2 A AR OR DATES 3-1945	RMED NO	If yes	DECENDENT (, specify Cube YES 2X NO	m, Mexicen	C ORIGIN? (Specify Yes , Puerto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade) (6	(Give kind of work done during most of working life. Do NOT use retired.)					of Business/Industry Motive/Truck	
BE COM	17. FATHER'S NAME (First, Middle, Last) James Gobbett			or idi i				Roberta K	Surname)	TUCK
TO B	19a. INFORMANT'S NAME (Type/Print) Martha M. Gobbett					et and Number	or Rural Ro	oute Number, City or Tow	n, State, Zip	
	Martha M. Gobbett 3428 Milstead Ct., Waldorf, Md. 20602 205. METHOD OF DISPOSITION 1 XX Murlar 2 Crammettern 3 Removal from State 205. PLACE AND DATE OF DISPOSITION (Name of Campillary of Towns, or Mary Land Veterans Cemetery 1–29 Cheltenham, 21. Biographic Francisco								Thu or Town State	
	►Michael Blanke	enghip M	00857		HUIN P.	tt Fur	neral 156	Home	Md	20604 0156
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine)									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST								Mysen	
ERTIF										
PHYSICIAN: MEDICAL O	PART II. Other eignificent conditions contributing to death but not resulting in the underlying of						ng ceuae given in Part i. 24a. WAS AN A PERFORM		MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M9									
ВУ РНУ	27. MANNER OF DEATM 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	NJURY	28b. TIM	E OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW IP	JURY OCCI	URED
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office City or Town, State)								or Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	CIAN: To the beat of a	my knowledge, de emination and/or	ath occurre	nd at the lime, d	ate and place,	and due to	o the cause(s) and man	ner as state	d. cause(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ac	mi			29c. LICE	NSE NUMB	ER		SIGNED (Month, Day, Year)
- 11	30. NAME AND ADDRESS OF PERSON WHO	sta 1	m.D	М 27) (Туре,	Print)				/	
	31. DATE FILED (MONTH, Day, Year) JAN 29 92	32. REGISTRAF	SIGNATURE	Andell	2.					

2	TO BE COMPLETED BY FUNERAL DIRECTO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Al.	be fleet within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ci	he funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Profile
AF	r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within commons after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND W	RENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) Valerie E. Good	lall				2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 259-94-9267 9e. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (36 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/16/55		BIRTHPLACE (State or Foreign Country)
стоя	3027 Fbbtide Dr	rive	E	dgewoo		ATH	Harfo	ord
DIRECTOR	Maryland Har	ford			aryland			10d. INSIDE CITY LIMITS? 1 XXYES 2 NO
FUNERAL	3027 Ebbtide Dr				ZIP CODE		USA	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 15 YES IF YES, GIVE WAR OR D.	2 NO	If yes, spe		IC ORIGIN? (Specify You, Puerto Rican, etc.)	se or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret training	done during mos ired.)	at of working	100000000000000000000000000000000000000	service	
	17. FATHER'S NAME (First, Middle, Last)	11.7				AE (First, Middle, Melde	n Surneme)	
BE	Valentino Andre	W Wilson	19b. MAILING ADO	RESS (Street a		nderwood oute Number, City or To	wn, State, Zip Co	de)
2	Osborne Goodall		3027 Eb	btide	Dr. Edge			
	20q, METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	or PLACE OF DISPOSITION other place) Holly Hil	1 Ceme	tery	Eş	ocation - city SEX May	
	21. SIGNATURE OF FUNERAL, SERVICE LI	W. Dree		Arno		ard Funer		vice ce. MD 21078
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only one cause on a	d the death. Do not elect lins. CANCE A CONSEQUENCE OF):		da of dying, such	as cardisc or res	piratory arrest	Approximats Interval Batween Onset and Daath 2 YEARS
CERTIFICATION	Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	¢	A CONSEQUENCE OF):					
ERI	resulting in desth) LAST	d						
MEDICAL	PART II. Other significant condition LUNG METASTA BONE METASTA	ises .	out not resulting in the	na underlying	cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chi	ock only one)		
IYSI	1 YES 2 100	1 Inpetient 2 ER/Out		HER: Nursing Hom	_	6 Other (Specify)	/ IN ELECT COCK	250
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	28d. DESCRIBE HOW	INJUNY OCCUP	NED .
	2 Accident investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stree cify)	t, factory, offic		281. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED	CONDUM OFFIN	SICIAN: To the beat of my know ER: On the basis of examination						euse(e) end manner as stated.
H	296. SIGNATURE AND TILE OF CERTIFIE	Jun 7			29c. LICENSE NUN	BER 13	29d. DATE S	30/92
2	30. NAME AND ADDRESS OF PERSON W	DEVETER	EATH (ITEM 27) (Type, Prin	ARK I	WE. E	BALTO, M	0212	01
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	4 8	Á
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.		ŕ.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filed within 72 hours after death with the State Debt, of Heath and Mental Honiene prior to burial commands or removed.	Pages 1, 2	evi
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ora, .	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1. DECEDENT'S NAME (First	Middle Leet			OLITTI	ICAI	LOF	DEA	in .	REG. NO				
	C.A.	В.	CAT	LOW	AV			2. DATE OF DEATH MONTH DAY YEAR Jan. 28, 1992						
1	4. SOCIAL SECURITY NUME			(In yrs. last birthday) IF UNDER t Y			JF UNDER	24 MPC				P _a m		
)	375-40-8157		1 M 2 □ F 89		YRS.	S, MONTHS DAY		HOURS MIN		(Month, Day, Year) Jan. 10, 1903		Country	a. BIRTHPLACE (State or Foreign Country)	
1	9a. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			COUNTY OF DEATH		
FUNERAL DIRECTOR	Ginger Car	ce Cei	nter			Annapolis							rundel	
5	RESIDENCE OF DEC	EDENT							13		AU	пе	rundel	
H		10b. COUNT				TY, TOWN							10d. INSIDE CITY	
	Maryland	Anne	Arund	el		Anna	apol	is					1 YES 2 NO	
A	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT												HAT COUNTRY?	
监	6105 Rivercrescent Drive 21401 U.S.A													
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. BACE	- American Indian	
ВУ	1 Never Married 2		FORCES? 1 IF YES, GIVE V	WAR OR DATES	∐ NO	- 1	If yes, sp	ecify Cuba 2 (3K)NO	n, Mexice	n, Puario Rican, etc.)		Black, Specif	, White, atc.	
	3 Widowed 4 Divo	rced	1930	- 19	65			- Casa	.,			Whi		
COMPLETED	15. DEC	EDENT'S EDU	CATION completed)	184	Give kind of	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IN			
9	Elementary/Secondary (0		College (1-4 or 5	+)	Ille. Do NOT L	ise retired.)	ouring mo	St OF WORKE	19					
d			5 +		Mi	lita	arv			Defe	nse			
Ö	17. FATHER'S NAME (First, Mi	iddle, Lest)						18. MOTI	HER'S NAI	ME (First, Middle, Maiden				
BE (John Gall	oway						Ma	nu_l	Tane Goal	and			
	19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street s	nd Number	or Rural B	Toute Number, City or Tow	Canu	n Codel	07.407	
2	Ruth M. Ga	11 0110	35										21401	
	20s. METHOD OF DISPOSITI	ON		20h PI 4	CEANDDATE	OFDISBO	ver	Cre.	scer	t Drive	An	napo City or Tow	lls,MD	
- 1	1 S Burist 2 Cremetio 4 Donation 5 Other	Observice A	oval from State	cometer.	cremetory or o	ther niecel			_]	1 01/ 12				
	21. SIGNATURE OF PUREST	SERVICE LIC	ENSEE //	20.5	Nava			D ADDRE		Ar	map	olis	, MD	
	SI.IV.	. /	12.1	_						ral Chape	1	214	.01	
	23. PART I. English though	7-0-	1 ages	2		s,MD								
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLYII CAUSE (Disease or Injurthat initiated events resulting in death) LAST	SEQUENCE O	u/ un	a	M	tent	2		Interval Between Onset and Death					
			1											
N: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF DE	EATH (Che	ck only one)				
S	1 YES 2 NO		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER 4 Num	₹:			□ Other (Specify)				
主	27. MANNED OF DEATH		28a. DATE OF	INJURY	28b. TIM		28c. INJI		alderica d	28d. DESCRIBE HOW IF	LIURY OC	CURED		
		Pending reatigation	(Month, Da	ey. Year)	IN.	JURY M	WO		1 40	TOU DECOMBE HOW I	130H1 OC	JOHED		
BY	2 Catalan	t home, farm,	street fact			, ,,,	281 1 00471011 (01-11-							
	0 0	Could not be letarmined	building,	atc. (Specify)						281. LOCATION (Street a City or Town, State)	na Number	or Hurai Ho	ure Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTI	FYINO PHYSIC	CIAN: To the beat of ax	my knowledge	, death occurr	ed at the ti	ime, deta	and place,	and due t	to the cause(a) and men	ner as stat	red.	end manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CENTIFIER	1/111		6			29c. LICE	NSE NUMI	BER	29d. DAT	E SIGNED /	Month, Day, Year)	
	/ lines	ny	(N)	mil				0	711	88	> /	1/19	152	
2	30. NAME AND ADDRESS OF	PERSON WHO	ALKA	NM	TEM 27) (1/00)	Pring /	de	W.	av	y ame	Me	1/4	1/12/4/1	
	31. DATE FILED ANN. 3". 1	1992	32 REGISTRA	R'S SIGNA	indelle		0	7		1				

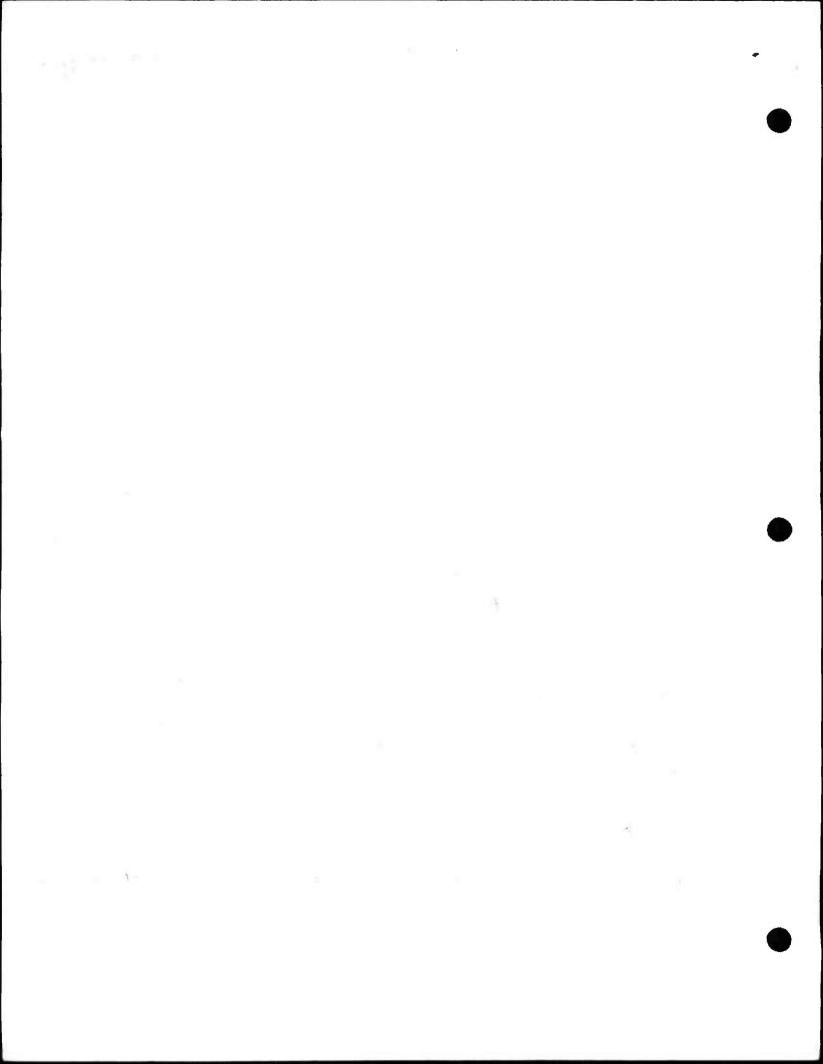
Re.	rmit. Pages 1, 2,	Me V	L DIRECTO
ther death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit per oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR	CTATE OF M	ADVI AND /	DEDAD	*****						4	03534
1 - STATE REGISTRAR	SIAIE UP MI	CE	ERTIF	ICATE	OF	DEAT	AND I	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last) JANET W.	GILMOUR							2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT		VEAD	10:02 P
4. SOCIAL SECURITY NUMBER 072-30-8488	5. SEX 1 M 2 X F	5. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08-03-1934		8. BIRTHPI Country) New	ACE /State or Foreign
99. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN						EMORE			9c. COUN	TIMOR	ТН
RESIDENCE OF DECEDENT	v		10.00	r, TOWN O							
Maryland Anne	Arundel		ioc. Cir		ever	na Pa				1	Od, INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 602. Holly Ridge 11. MARITAL STATUS	o Bond				101	. ZIP CODI			10g. CITI		AT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.3	AMS DEC		146	IIC ORIGIN? (Specify Yee		U.S	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI	YES 2V N	10	- 1	1 yes, sp	2 NO	n, Mexice	n, Puerto Ricen, atc.)	or No.	Specify:	- American Indian, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE(CEDENT'S	USUAL OC	CUPATIO	ON et of westin		16b, KIND OF BUS	INESS/IND		402011
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma.	nool	e retired.)		at or workin		Elem.	Schoo	ol Svs	stem
17. FATHER'S NAME (First, Middle, Last) Homer Wilson						18. MOTH		(Sturm)	Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b	MAILINO	ADDRESS	(Street a	nd Number	or Rural F	loute Number, City or Town	, State, Zip	Code)	
Dr. George Gilmon	ur	_		_			Road	d Severna			21146
26s. METHOD OF DISPOSITION 1 □ Burtisl 2 □ Cremation 3 □ Remo	ovel from State	20b. PLACE A cemetery, crer	matory or of	her place)				DATE 20c. LOC	ation — c	City or Town	, State
4 Donation 5 Other/Specify) 21. SIGNAFURE OF FUNERAL SERVICE LIC	ENGEE	IMe	tro C			D ADDRES		-	T CTHIC		MD
Amas E.	Hour	anc	8	E	Barra	annco	8 5	Sons Funera Hwy. Severn			m 211/6
22_PART I. Enter the diseases, or o shock, or heart feilure.	complications that of List only one couse	Sepsis	eth. Do n	Dt enter	the mo	de of dyl	ng, auch	a a cerdiac or respir	ratory erre	est,	Approximate interval Betwee Onset end Deat
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEO R AS A CONSEO COMIC	Veno	hon ns	21						2 days 9 days 5 yrs
PART II. Other significent condition	e contributing to de	Kenal	sulting in	the und	deriying	ceuse g	iven in I	Pert i. 24a. WAS AN / PERFORI	WED?	CO	BRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only one)			
1 TYES 2 NO	1 Onpetient 2 🗆 E		□ DOA			5 🗆 Rat	sidence (B ☐ Other (Specify)			
27. MANNER OF SEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		28b. TIME		28c. FNJU WOF 1 Y		NO	28d, DESCRIBE HOW IN	JURY OCC	URED	
3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF I building, atd	NJURY — At hon c. (Specify)	ne, 1erm, st	real, facto	ry, office			281, LOCATION (Street or City or Town, State)	nd Number o	or Rural Rou	te Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINES	CIAN: To the best of m	/ knowledge, dea	th occurred	d at the tin	ne, date	and place,	end due t	to the cause(e) end mann	ner ee state	d.	nd manner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIER MALLINE BOOK						29c. LICE					onth, Day, Year)
							and the		1/	47/7	6-
30. NAME AND ADDRESS OF PERSON WHO	Sylven Cause	John	27) (Type,	She		Hon	D- (1 (-110 N).	Liber.	lest"	Roll

YEAR TO Y

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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			4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. lest bin	thday) IF UN	DER 1 YEA	_	R 24 HRS.	7. DATE OF (Month, D	BIRTN By, Year)		a. BIRTNI	PLACE (State or Foreign
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AND 2	ped:	COMPLET	Unknown				H	omemal	cer				Oı	wn Ho	ome	
A F	detached once.	8	17. FATNER'S NAME (First, Middle							18. MO	TNER'S NA	AME (First, Mid	die, Malden	Surname)		
7	2 2	BE	Stephen (llen							e Mari				
MARYLAND 21203-3146 retained by the hospital or attending other	5 should notified	5	19a. INFORMANT'S NAME (Type									Route Number,				
		- 1	Lola G. Ha				20	8 Bel	St	., Sn	ow H	ill, M	aryla	and	2186	3
BALTIMORE,	tuneral director, page xaminer must be		20e, METNOD OF DISPOSITION 1 X Burial 2 ☐ Cremation	3 🗆 Remo	ovel from State	- 1	other place)	DISPOSITION							Cify or To	
Q 9	s tuneral director, p.l., examiner must		4 Donation 5 Other (Sp		anne i	_ W	hatco	at Me	_		-		Sno	iH wo	LLL,	Maryland
F 4	E E	1	21. SIGNATURE OF FUNCTIAL B	ENVICE LIC	1/1	-		Ţ	enn)	is Fu	ne r a.	1 Home				
3ALTI	0 = 0		// House	1 1	1 plans	-		;	110	Frank	lin :	St., S	now H	Hill,	Md.	21863
45	SE S		23. PART i. Enter the dise	asea, or g	emplications th	at ceused	d the death									Approximata
	5 5 E		immediate cause (Final		List only one ca											interval Between Onset and Death
	~ 20 40		disesse or condition resulting in deeth)		o. ODE TO	VCF	4711	m h	17	4Q T	F	ALL	TRE			17m3
13146,	completely filled rial, cremation, c event, the r		resulting in death)													1
13146,	and com burial, natic ex	z			m	7 0	ARV)	A-L 1	N	SUPF	= 10	bro	1			LYR
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9 . ₽	tal Hy	F			d											
S,	ed by the atter th and Mental any injury, o	- 11	PART II. Other significant	condition	a contributing to	daeth b	out not rese	uiting in the	undari	lying cause	given in	Part i. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS
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0	2 8 6	MEDICAL	MILTIP			,				24111/	MM			*		DF DEATH? 1 YES 2 NO
RECORDS,		- 1		OW	RIGHT	-				- 7,100						
4	e Dep	¥	25. WAS CASE REFERRED TO N				- 1	TRIV	2	6. PLACE OF	DEATN (C	heck only one)				
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OF VITAL RE	th the	PHYSICIAN:	27. MANNER OF DEATN		28a. DATE O	F INJURY Day, Year)	2	ab. TIME OF	_	. INJURY AT WORK?			RIBE NOW I	NJURY OC	CURED	
	fter this ceath with marked,	BY	Natural 5 Per 2 Accident Inv	nding estigation	(Morning)	Day, Ioary		1	1	YES 2	□ NO					
0	4 6 M		3 Suicide a Co	uld not be		OF INJURY		, farm, street,	factory,	offica		28f. LOCAT	ION (Street a	and Numbe	r or Aural F	Route Number,
DIVISION	DIRECTOR: hours after Item 28 I	1	4 Nomicide dat	armined									, , , , , , , ,			
5	Pier Per	PLE	29a. CERTIFIER (Check only	YING PNYSI	CIAN: To the best of	of my know	vledge, death	occurred at t	he time,	data and pla	ca, and du	n to the cause	(a) and mar	nner aa sta	rted.	
ATTO	TO THE FUNERAL DIRE be filed within 72 hours IMPORTANT: If Item	COMPLET	anal .	L EXAMINE	R: On the basia of	axaminatio	on and/or inve	eatigation, in	ny opinie	on, death occ	ured at th	e time, deta a	nd place, an	nd dua to t	ha cause(a) and manner as stated.
Š.	FTA WET		296. SIGNATURE AND TITLE OF	F CERTIFIC	R	***				29c. Li	CENSE NU	JMBER	_	29d. DA1	TE SIGNED	(Month, Day, Year)
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F	=	임	30. NAME AND ADDRESS OF P	ERSON WH				7) (Type, Print)				9 3 4				11/11/16
			Robert C. I	LaMar	, M.D.,	104	N. Ba	y St.	Sn	ow Hi	11, 1	Maryla	nd 2	21863	}	
			31. DATE FILED (Month, Day, Yea		32. REGISTR	AR'S SIGN	NATURE					· · ·				
_			JAN 17'92		guna Na	udson	-Ganda	22								



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

William

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	OR ATTENDING PHYSICIAN: TH	
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III Item

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4 Homicide

296. SIGNATURE AND TITLE-OF

30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day

199

29a, CERTIFIER

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 213 10 4206 78 DAYS HOURS 1 M 2 F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR orth Arundel Hospital Glen Burnie, M RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Pasadena 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 1150 Wharf Dr. 21122 funeral director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Maxican, P

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16h Elementary/Secondary (0-12) College (1-4 or 5+) 8 Inspector once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First.) Leonard Howard notified at Hann **Florence** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Numi 9 1150 Wharf Dr., Pasadena, Myra A. Hann must be 20b. PLACE AND DATE OF DISPOSITION (Name of Glen Haven Memorial Park 2/7/9 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral H n by the fi 3204 Mountain Rd. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as card shock, or heart fellure. List only one cause on each line. in by 6 filled IMMEDIATE CAUSE (Finel and completely fille burial, cremation, 等 disease or condition alyons resulting in death) event. AS A CONSEQUENCE OF): (traumatic CERTIFICATION Sequentially list conditions, signed by the attending physician a Health and Mental Hygiene prior to TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t that initiated events. resulting in death) LAST 6 shows any Injury, PART II. Other sign contributing to death but not resulting in the underlying cause given in Part I. MEDICAL has been of h Hu PHYSICIAN: 23 26. PLACE OF DEATH (Check only one certificate the the State **EXAMINER?** OTHER: 1 TYES 2 THO Sent 3 - ER/Outpetient 3 - DOA ing Home 5 - Residence 6 - Other 50 27. MANNER OF DEATH this c 28s. DATE OF INJURY (Month, Day, Year) 28c. RUURY AT WORK? 28 is marked, 1 Natural 5 Pending 1 YEB 2 NO DIRECTOR: After the bours after death v ΒY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined COMPLETED

wha Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Hann, Sr.

92 03536

8. BIRTHPLACE (State or Foreign

4:15 A.M.

REG. NO

2. DATE OF DEATH Feb. 4, 1992

0 4206	1 🔀 M 2 🗆 F	78	YRS.	MONTHS	DAY	HOURS	MIN.	Feb.	1. 1	914	Peni	nsylvania
ME (If not institution, give s	treet and number)			9b. CITY	, TOW	N OR LOCATIO	ON OF DE				NTY OF DE	
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OF DECEDENT												
d Anne	Arundel		10c, CIT	Y, TOWN (OR LO		Pasa	dena				10d. INSIDE CITY LIMITS? 1 YES 2 NO
o Number 60 Wharf Dr.			-			10f. ZIP CODE	2112	22		- IT.		HAT COUNTRY? States
ATUS	12. WAS DECEDENT E			13.	WAS D	ECENDENT O	F HISPAN	IC ORIGIN? (S	ecify Yes	or No-	14. RACE	American Indian,
ned 2 Merried 4 Divorced	FORCES? 1 I		10		If yes,	specify Cuber ES 2 X NO	Specify	n, Puerto Ricar	, etc.)		Specif	, White, etc.
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econdary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	ourng	most or working	v					44
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F DISPOSITION Cremation 3 Remo	oval from State	20b. PLACE A	natory or o	ther place)				DATE			City or Tov	
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5 Pending Investigation	(Month, Day,	artis/)		M	10	WORK7	NO					
6 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At hor (Specify)	ne, ferm, e	treet, fact	ory, o	ffice		28f. LOCATION	N (Street a vn, State)	nd Number	or Rural A	oute Number,
1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, des	th occurre	d at the ti	lme, d	eta and placa.	and due	to the cause(s)	and man	ner as atm	ed.	
	R: On the basis of exam											and menner as stated.
AND TITLE OF CHRTISHER	In.		111	N		29c. 176E	NSE NUM	BER /	A	29d. DATI	SIGNED	(Month, Day, Year)
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Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	~ .								-	

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ION OF VITAL RECORDS, P.O. BOX 68760,	VDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 miles of death with the State Dept. of Health and Mental Hydiene prior to bunal, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO PATHER NAME (Print, Missle, Massie, Surrame) The INFORMAN'S NAME (Print, Missle, Massie, Surrame)	TO PATHER'S NAME (Piper, Mission, Lass) ADDELLU JASINSKI 118. MOTHER'S NAME (Piper, Mission, Basins Survamen) ADDELLU JASINSKI 119. MALLING ACCRESS (Signed and Number or Paris) Route Number City or Soun, State, Zip Code) WHATHER HOLECK 229. PART HOLECK 230. MERTOD OF DIRPOSITION 230. MERTOD OF DIRPOSITION (Numer) 120. PART HOLECK 230. PART HOLECK 230. PART LEster the displase, of completellors that called the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, information allock, or heart fellure. List only one cause on seed line. 130. PART LESTER THE displase, of completellors that called the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, information allock, or heart fellure. List only one cause on seed line. 140. Part Lester Wind displase, of completellors that called the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, information allock, or heart fellure. List only one cause on seed line. 140. Part Lester Wind displase, of completellors that called the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, information allock, or heart fellure. List only one cause on seed line. 140. Part Lester Wind displase, or conditions, one to respiratory arrest, information allock, or heart fellure. List only one cause on seed line. 140. Part Lester Wind displase, or conditions, one to one to respiratory arrest, information allock, or heart fellure. List only one cause on seed line. 140. Part Lester Wind display are cardiac or respiratory arrest, information and the death, Daniel Arrest, and the death, Daniel Arrest, Part Lester, office and the death, Daniel Arrest, Part Lester, office and part Lester, and due to the cause of a scale of a condition and a conscious display. 140. Part Lester Wind arrest, Part Lester, office and part Lester, and due to the cause of a scale of a condition and removed at the time, date and place, and due to the cause of a manner as attained. 140. Part Lester Route C	ED	(Specify only highest grade completed) (Give kind of work done during most of w	working	16b, KIND OF B	USINESS/IND	USTRY	1E
The manufacture of property to the conditions of	No. MAILING AGERS (Street and Number of Plant Public Number. (Or por Town. State, 20 Code)	MPLE	3 HOUSEWIFE					
Sequentially list conditions, a. Carron Notes and place of Part Rough Immediate Consisting Sequentially in death) Approximate interval Beauty Appr	The interval was a constant of the property of		ANDREW JASINSKI	UK	KNOWN			
Burist 2 Cremation 3 Removal from State Country	Burlat 2 Cremation 3 mamoval from State 200.00ATION - City or Town, State 200.00ATION - City		MICHAEL HOLECEK 20LD FORGE	CT ·	SPARKS			-
22. NAME AND ADDRESS OF FACILITY ### APPLICATION OF CHAIN STANDARY 23. PART I. Enter the diskybes, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Back on shock, or heart failure. List only one cause on each line. ### APPLICATION OF CAUSE (Final disease or condition) **RECTO (OR AS A CONSEQUENCE OF): **OUE TO (O	23. PART I. Char ingrifficent conditions out to grave the fire death but not resulting in death) LAST 24. MARE AN ADDRESS OF FACILITY 25. PART II. Char ingrifficent conditions out to grave or each line. 26. PLACE OF DEATH (Chock only one) 27. MANNER OF DEATH 28. PLACE OF INJURY 29. PLACE OF DEATH (Chock only one) 29. MANNER OF DEATH 20. MANNER OF DEATH 20. MANNER OF DEATH 20. MANNER OF DEATH 21. MANNER OF DEATH 22. MANNER OF DEATH 23. MANNER OF DEATH 24. MANNER OF DEATH 25. PLACE OF INJURY 26. PLACE OF INJURY 27. MANNER OF DEATH 28. LOCATION OF BASE OF INJURY 29. MANNER OF DEATH 29. CATE OF INJURY 20. PLACE OF DEATH (Chock only one) 20. MANNER OF DEATH 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. MANNER OF DEATH 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. CERTIFIER 20. DATE SENDED OF DEATH (Chock only one) 20. CERTIFIER 20. DATE SIGNED (Mooth, Dockner, New) 21. DATE SIGNED (Mooth, Dockner, New) 21. DATE SIGNED (Mooth, Dockner, New) 22. MANNER OF DEATH (Chock only one) 23. DATE SIGNED (Mooth, Dockner, New) 24. CHORNER AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 2 ADDRESS OF DEATH (TEM 2 AD		Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	5 /-				
Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. List only one cause on sech line. Approximate abock, or heart failure. Approximate abock, or heart failure. Approximate abock, or heart failure. Approximate about the cause of cause of the cause of cause. Approximate about the	Approxime anock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) a. CAYCLYDYMA Recto Sigmoid Out to (or as a consecuence or): Sequentially list conditions, if any, leading to immediate cause or injury that initiated avents resulting in death) April I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMAGOT CAUSE (Disease or injury that initiated avents resulting in death) LAST AND THE SIGNIFICANT CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in death) LAST AND THE SIGNIFICANT CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in death) LAST AND THE SIGNIFICANT CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in death) LAST AND THE SIGNIFICANT CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in death) LAST AND THE SIGNIFICANT CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in death) LAST AND THE SIGNIFICANT CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPER CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPER CONTRIBUTION CAUSE (Disease or injury that initiated avents resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPER CONTRIBUTION CAUSE (Disease or injury that initiated avents of the sequence of Contribution of the Cause (Partil Chack only one) 25b. WAS CASE REFERRED TO MEDICAL EXAMINER On the basis of assantination and or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar as attated. One of the Cause (s) and mannar as attated. One of the Cause (s) and mannar as attated. One of the Cause (s) and mannar as attated. One of the Cause (s) and mannar as attated. One of the Cause (s) and mannar as attated. One of the		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		YTUTY			
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contribution to death of part II. PART II. Other significant conditions contribution to death of part II. PART II. Other significant conditions contribution to death of part II. PART II. Other significant conditions contribution to death of part II. PART II. Other significant conditions contribution to death of part II.	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED TO MEDICAL PROPERTY OF PERFORMENT TO THE PROPERTY OF PERFORMENT TO PERFORMENT	FICATION	immediate Cause (Final diaease or condition resulting in death) a. Carcinoma Recto Signature of the cause of conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury) a. Carcinoma Recto Signature of the cause of conditions, our to (or as a consequence of): B. Carcinoma Recto Signature our to (or as a consequence of): B. Carcinoma Recto Signature our to (or as a consequence of): B. Carcinoma Recto Signature our to (or as a consequence of): Cause of the caus	moid	۰	oratory arre	931,	Approximate intervs1 Betw Onsat and D
PERFORMEO? YES NO	PERFORMEC? VES 2 NO NAME ARE PRIOR TO COMPLETED CAUSE OF DEATH (Check only one)	ш	resulting in deeth) LAST a. Thrombo cyto penia					
27. MANNER OF DEATH Natural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF NUMBER 28d. DESCRIBE HOW INJURY OCCURED	27. MANNER OF DEATH Netural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 28b. INJURY AT WORK? 1 YES 2 NO NORTH		use given in F	PERFO	RMEO?	AVA COS OF	LABLE PRIOR TO APLETION OF CAUS DEATH?	
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3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, larm, street, lactory, oHica 29e. CERTIFIER (Check only one) 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. LICENSE NUMBER	3 Sulcide 6 Could not be determined 28. PLACE OF INJURY — At home, larm, street, lectory, office 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME, AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29ANDO, Print) 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE 31. DATE FILED (Month, Day-bert), 100, 129 BEGISTEAR'S SIGNATURE	표	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY A WORK?	AT		INJURY OCCI	URED	
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296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) PRIVATURE CONTROL OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	296. SIGNATURE AND TIPLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. DATE SIGNED (Month, Day, Year) 298. DATE SIGNED (Month, Day, Year) 299. LICENSE NUMBER 299. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 1 24 QZ 291. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 291. DATE SIGNED (Month, Day, Year) 292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Year) 294. DATE SIGNED (Month, Day, Year) 295. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 297. DATE SIGNED (Month, Day, Year)	MPLE	(Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and pl	place, and due t	o the cause(a) and ma	nner as atate	d.	
House illuser D38603	2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25/NO). Print) ALYVCU CLOUND 22. S-Greene Street Baltimore My 21201		29h SIGNATINE AND TITLE OF CERTIFIED					
HI SO MANUE AND ADDRESS OF STREET	ACYCU CLOUND 22. S-Greene Street Baltimore My 21201		Review Clarry House officer D			•	1/24/	
			JAN 29 92 32. REGISTAR'S SIGNATURE					

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and authorized to have after death with the State Dent. of Health and Mental Horiene prior to burial, cremation, or removal.	000
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OR	DIRE	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	PAL	=======================================
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1 - FOR STATE REGISTRAR	STATE OF MARYL		TE OF DEATH	ND MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, L	Robert	Hockey	AN	2. DATE OF DEATH MONTH	21	YEAR 3. TIME OF DEATH S
4 SOCIAL SECURITY NUMBER 201-16-1285	1 2 M 2 □ F 64	MONT	NDER 1 YEAR IF UNDER 24 THE DAYS HOURS I	HRS. 7. DATE OF BIRTH (Morth, Day, Year) 6/18/2	7	8. BIRTHPLACE (State or For ign Country) Maryland
Se FACILITY NAME (If not institution, g	we street and number)	tal F	arre de	OF DEATH GVACE	9c. COUN	ATTO DEATH
10a. STATE 10b. CO	UNTY	10c. CITY, TOY	WN OR LOCATION			10d. INSIDE CITY
Maryland	Harford	Alb	erdeen			1 YES MY NO
10e. STREET AND NUMBER			101. ZIP CODE			ZEN OF WHAT COUNTRY?
822 Maxa Road			2100			U.S.A.
11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAWN II	2 NO	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 22 NO	HISPANIC ORIGIN? (Specify Mexican, Puerto Rican, etc.) Specify:	Yea or No—	14. RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	16a. DECEOENT'S USUA (Give kind of work d	AL OCCUPATION lone during most of working	18b. KIND OF	BUSINESS/INO	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)	000	m . 1	1 0
12 17. FATHER'S NAME (First, Middle, Last		Engine				hone Co.
				R'S NAME (First, Middle, Meld	,	
Bard Hockman 19s. INFORMANT'S NAME (Type/Print)	1	10h MAII MA AND		Grace McCur Rural Route Number, City or	_	Codel
Mrs. Jackie Ho	ockman			Aberdeen, M		
20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF	DISPOSITION (Name	DATE 20c.		City or Town, State
1 № Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify)	Removal from State	cemetary crematory or oti	her place) Orial Garde			Maryland
21. SIGNATURE OF FUNERAL SERVICE			22. NAME AND ADDRESS	OF FACILITY		
23. PART L Enter the diseases,	ai Hia	inni	Aberdeen	Cargo Funer , Maryland	21001	-3399
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. Due To (OR AS A	liac to	rrest Jilon	Calin	_	interval Betwee Onset and Desi Sudde
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. 00	CONSEQUENCE OF	Arten	1 Diseas	R	Unku
PART II. Other agnificant cond	Itions cantributing to death b	Ausg	a undariying cause give	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. PLACE OF DEA	TH (Check only one)		
1 - YES 2 1 10	1 - Inpatient 2 D ER/Outs	patient 3 DOA 4 D	Nursing Home 5 - Resi	denca 6 ☐ Other (Specify)		
27, MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OC	CURED
2 Accident Investigat		(Albama formation	M 1 YES 2		ad a and 31	as Chinal Banda Alimba
3 Suicide 6 Could no 4 Homicide determine	building, atc. (Spec	(— At home, farm, street	, sectory, office	City or Town, St		or Rural Route Number,
tolloon only	PHYSICIAN: To the best of my know					
296. SIGNATURE AND TITLE OF CER	de locu	S	29c. LICEN	SE NUMBER		E SIGNED (MOFM, DIE, New)
30. NAME AND ADDRESS OF PERSON EDUAN 31. DATE FILED (Month, Dey, Year)	N WHO COMPLETED CAUSE OF DE	Mino	aned, C	line f	aure	de Grace, M
JAN 25 92	Scha Davide	Sura .				V

		FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / I	DEPARTMEI RTIFICAT	NT OF	HEALTH AND	MENT		IE	4	03333
		1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	GEORGE			ILTO			REG. NO		YEAR 2	3. TIME OF DEATH 4:05P
P)	4. SOCIAL SECURITY NUMBER 214 14 7570	1 X M 2 □ F 6	(In yrs. last	VRS. IF UNITED INCOME.	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH rith, Day, Year) 1-29-22		Country	PLACE (State or Foreign
	TOR	99. FACILITY NAME (If not institution, give to V.A. Medical Consideration of the property of t					Point	EATH		9c. COUNT		EATH
Mr. rayes	DIRECTOR	Maryland Hart			10c. CITY, TOWN	Air						10d. INSIDE CITY LIMITS? 1 YES 34 NO
dilan per	FUNERAL	100. STREET AND NUMBER 2136 Northridge				16	21015			10g. CITIZE	US	HAT COUNTRY? A
o de contra	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 VES IF YES, GIVE WAR OR O	2 NO	ED 1	Il yee, s	CENDENT OF HISPA pecify Cuben, Mexic S & NO Speci	en, Puerto	IN? (Specify Yes	e or No — 1	Black, Specify	- American Indian, White, etc.
	COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) Coffege (1-4 or 5+)	(Give	EDENT'S USUAL be kind of work don to NOT use retired Liance	e during m	ost of working	16	ь. кіне оғ ви Арр1	iance		vice
d at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) Mahlon Prestor	n Hamilton				18. MOTHER'S NA			Sumeme) abeth	Sa	dler
be notified	10	190. INFORMANT'S NAME (Type/Print) Kathleen D. Hami	.lton	19b. 21	MAILING ADDRE	ss (Street thri	and Number or Rural	Poute Num	nber, City or Tow	n, State, Zip C	ode) 210:	15
must		20e. METHOD OF OISPOSITION 1	Cen R	PLACE AN	D DATE OF DISPO	OSITION (N		OA.	TE 20c. LO	CATION — CII	y or Tow	
wal. si examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	Macom	œo'	TUL :	Howa:	Cokachin	Comas	AA Dec	Tunera	1 H	ome, P.A.
prior to burial, cremation, or removal. Traumatic event, the medical e		IMMEDIATE CAUSE (Finel	complications that couse. List only one cause on e a. End stage OUE TO (OR AS A	chron	nic obst	er the mo	ode of dying, aud	ch aa cer	rdiec or respi	ratory erres	it,	Approximate interval Between Onset end Death
Mental Hygiene prior to burial, jury, or other traumatic e	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	oue to (or as a						,			
of Health and Menta	: MEDICAL	PART II. Other algolficent condition	s contributing to deeth b	ut not res	sulting in the u	ınderiyin	g ceuse given in	Pert i.	24a. WAS AN PERFOR 1 YES 2	MED?		YERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF OEATH (Ch	eck only o	ne)			
with the	ВУ РНУ	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY	28c. INJ WC	URY AT PRICE 2 NO		SCRIBE HOW II	JURY OCCUP	RED	
after 28 i	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home	, ferm, streel, le	ctory, offic	•	261. LOC City	CATION (Street e or Town, State)	nd Number or	Aurel Ro	ute Number,
5 =	COMPL	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED	CIAN: To the best of my knowl R: On the basis of examination	edge, desth	occurred at the	time, date	end place, end due	to the cer	uss(e) end men	ner ee stated. I due to the c	ouse(e) (and menner ee stated,
P 6	IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Linguist 30. NAME AND ADDRESS OF PERSON WHO	n sets				D 331					Aonth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JAN 2

ELISABETH SETHI, M.D., VA Medical Center, Perry Point, MD

32. REGISTRAR'S SIGNATURE
Schia Druydson-Rondall

DHMH-18 Rev 1/89

DALIIMORE, MARTLAND	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached, or removal.	he medical examiner must be notified at once.
(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA			T OF HEALTH		IENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lust)	Bell		J	ame:		2. DATE OF DEATH MONTH DA		YEAR	7:30 p.m.
1	4. SOCIAL SECURITY NUMBER 213-42-3941	5. SEX 6.	AGE (In yrs. last birtho	MONTHS		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Oct. 29		8. BIRTHPL	ACE (State or Foreign
FOR	9a. FACILITY NAME (If not institution, give s Carroll County		oital		y, TOWN OR LOCAT			9c. COUN	TY OF DEAT	TH .
DIRECTOR	Md. Bal	timore	10c.		or Location wings Mi	lls			1/2	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER	isterstown	P.A		10f. ZIP CO	21117		10g. CITI		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 X NO	13.	WAS DECENDENT	OF HISPANIC	C ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No-	14. RACE	American Indian, Title, etc.
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDEN (Give kind	T'S USUAL (of work done T use retired.)	during most of work	ing	16b, KIND OF BUS	INESS/IND	USTRY	White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	100		id and C	ook	Nurs	ing	Home	
BE CC	17. FATHER'S NAME (First, Middle, Lest) Joseph B	enz			18. MO	THER'S NAME	E (First, Middle, Maiden S Lillie Ben	Sumeme)		
2	19a. INFORMANT'S NAME (Type/Print) Helen Shiple	y	196. MAIL 1142	ing address 26 Rei	s (Street and Number	r or Rural Ro	oute Number, City or Town	, Stete, Zip	Code)	21117
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE AND DA cemetery, cremetery Druid R:	TE OF DISPO	SITION /Name of		DATE 200 100	ATION — C	lle, 1	State
	21. SIGNATURE OF FUNEBAL SERVICE LIC	hardt	31.424	22.	Eckhard	t Fune	eral Chape	1		21117
	23. PART I. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	List only one cause	on eech line.		r the mode of dy	ring, such	ea cerdlec or reapir Farction	atory arre	est,	Approximata Intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DOE 10 (OR	AS A CONSEQUENCE	OF):	erdial.	In	tarctio	m		2045
	PART II. Other significent condition	s contributing to des	th but not resultir	g in the u	nderlying ceuse	given in Pa	nrt i. 24a. WAS AN A			RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							1 TYES 2		COI DF	MPLETION DF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		ОТНЕ						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU	JRY 28b.	4 Nur	28c. INJURY AT WORK?	2	Other (Specify) Bd. DESCRIBE HOW IN.	JURY OCC	URED	
	3 Suicide 8 Could not be determined	28s, PLACE OF INJ building, etc.	JURY — At home, ferr (Specify)	n, street, fec	tory, office	2	Bf. LOCATION (Street en City or Town, State)	d Number (or Rural Route	Number,
COMPLETED	29a. CERTIFYER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my le	nowledge, death occurrently	urred at the t	ilme, data and place	, end due to	the cause(e) end mann	er ee state due to the	d. ceuse(e) and	1 menner es stated.
O BE	Child Continue	Shoo			29c LIC	392	296	29d. DATE	SIGNED (Mor	nth, Day/Year)
	30, NAME AND ADDRESS OF PERSON WHO RELIGIOUS CONTROL (MORTH) 31. DATE FILED (MORTH), Day, Year)	CC6	H U	pe. Print) UST	mins	kı	MD	21	15	7
	JAN 3 1 '92	Julia Davidon	A-Randall							

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	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN	E	
	DECEDENT'S NAME (First, Middle, Last)	James	John	son		2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH 19:35 M
	4. SOCIAL SECURITY NUMBER 228–14–5649	5. SEX 6.	AGE (In yrs. last birthday) 69rns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	4.6	HIRTHPLACE (State or Foreign country)
1	9e. FACILITY NAME (If not institution, give		05	9b. CITY, TOWN O	OR LOCATION OF D	07-12-22 EATH	9c. COUNTY	
Ø.	Peninsula Genera	l Hospital		Salish	oury		Wicom	
DIRECT	RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Worc	ester	10c. CITY POC	, town or locat	ion Li t.v			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 711 6th Stree				21851		10g. CITIZEN	1X YES 2 NO OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ENDENT OF HISPA polity Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No.— 14. I	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Elem •	CATION o completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of white. Do NOT use Truck	ork done during mo pretired.)	ON st of working	Produc		Black
BE CO	17. FATHER'S NAME (First, Middle, Lest) Isaac Johnson				Ethel	Wallops	Surname)	
5	Ruth Johnson		711	6th St	reet 2	Aoute Number, City or Town	n, State, Zip Code	0)
	20arMETHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		Tabernaci.	-	rch	1-18 HO	cation - chy crn town	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	Whorlon		Whar		I Accomac	•	
RIIFICATION	23. PART I. Enter the diseases, prehock, or heart feliure. iMMEDIATE CAUSE (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Arterios DUE TO (OR DUE TO (OR	used tha deeth. Do not ask time. Sclerotic Heas a consequence of as a consequence of as a consequence of	eart Dis		th as cerdiac or reapi	ratory errest,	Approximate intervel Batween Onset and Death Years
: MEDICAL CE	PART II. Other eignificant condition Coronary Arts Diabetes Mell	ery Bypass,		the underlying	ceuse givan in	Pert i. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2X ER/ 28s. DATE OF INJU		OTHER: 4 - Nursing Home		6 Other (Specify)		
à	1X Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	onr) INJU	M 1 Y	RK? ES 2 NO	26d, DESCRIBE HOW IN		
ELED	3 Suicida 6 Could not be determined	building, etc. (***************************************			261. LOCATION (Street & City or Town, State)		ıral Route Number,
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my k R: On the basis of examir	nowledge, death occurred	d at the time, data , in my opinion, de	and place, and due	to the cause(a) and man- time, date and place, and	ner as stated. I due to the cau	se(a) and manner as stated,
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Jacky. S	n.i) Deput	V M.E.	29c. LICENSE NUI	MBER	29d. DATE SIGI	NED (Month, Day, Year)
	John T. Bulkeley, 31. Date filed (Month, Day, Year)	M.D., 108	Pine Bluf		Salisbu	ry, MD 2180)1	
	IAN 2 1 '92	Julia Day	SIGNATURE					

Mar of

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DHMH-18 Rev 1/89

					OF DEA				
	1, DECEDENT'S NAME (First, Middle, Last)	FRANCIS	. JACK	SON,	SR.	2. DA	TE OF DEATH	ΥE	3. TIME OF E
			LSK			1	1211	1992	
-1	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birth	MONTHS	DAYS HOURS	R 24 HRS. 7. OAT	TE OF BIRTH onth, Day, Year)		BIRTHPLACE (State (Country)
L	218-24-3100	1 M 2 F	68 Y	RS.	Late Hoons	12	onth, Day, Year) -15-23		MD
	9a. FACILITY NAME (If not Institution, give a	treet end number)		9b. CITY,	TOWN OR LOCAT	ION OF OEATH		9c. COUNTY	OF DEATH
5	HARBOR HOSPITA	L		BAI	LTIMOR	E			
) II-	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	v	I 40.	c. CITY, TOWN O	B LOCATION				10d. INSIDE
									LIMITS7
	MD AA C	0.	1.5	EVERN	A PARK	Ne .		10- CITIZEN	1 TYES 2
FUNERAL									OF WHAT COOKIT
Z I	102 SYLVAN AVE	12. WAS DECEDENT EVER	DINII C ADMED	19.1	211		GIN? (Specify Yea	US	RACE - American
	1 Never Merried 2 Married	FORCES? 1 TYE	S 2 NO		f yes, specify Cub	an, Mexican, Puer			Black, White, atc.
5	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	'	TYES 2 X NO	Specify:			Specify: BLAC
	15. DECEDENT'S EDU		16s. DECEDI	ENT'S USUAL OC	CUPATION		16b. KIND OF BUS	INESS/INDUST	TRY
ŀ	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give ki	nd of work done o NOT use retired.)	during most of work	ing			
	Elevision of Secondary (0-12)	Conege (1-4 of 5 +)	LABO	RER			CONSTRU	JCTIO	N
COMPLE	17. FATHER'S NAME (First, Middle, Last)				1a, MO	THER'S NAME (Fire	st, Middle, Maiden S	Sumama)	
	UNKNOWN				U.	NKNOWN			
	19e. INFORMANT'S NAME (Type/Print)		19b. MA	ULING ADDRESS			lumber, City or Town	, State, Zip Coo	de)
2	LILLIAN JACKSO	N	102	SYLV	AN AVE	. SEV	ERNA PA	ARK.	MD 2114
1	20e. METHOD OF DISPOSITION				OSITION (Name				or Town, State
	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	of cemetary, crer CARPEN	natory or other p	lace)	1			A PARK
ı	21. SIGNATURE OF FUNERAL SERVICE LIC		OAKIEN	22.	NAME AND ADDR	ESS OF FACILITY			
				R	EESE A	ND SON	S MORTI	JARY,	P . A .
	dany	1. Ree		h a					
	23. PART i. Enter the diseases, or shock, or heart failure.	compilcetions that cause	sed the death.						MD 2140 interv
NOI	ahock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	e. DUE TO (OR A)	sed the death. n each line.	Do not anter					Appro interv
ATION	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. DUE TO (OR A)	sed the death. n each line. U MO (Do not anter					Appro interv
FICATION	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR A. DUE TO (OR A. C.	sed the death. n each line. U MO (NCE OF):					Appro interv
RTIFICATION	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR A. DUE TO (OR A. C.	sed the death. n each line. UNO S A CONSEQUER S A CONSEQUER	NCE OF):					Appro interv
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5	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition	a. DUE TO (OR A. DUE TO (OR A. DUE TO (OR A. DUE TO (OR A. d. D. d. DUE TO (OR A. d. D. d. DUE TO (OR A. d.	sed the death. n each line. Unity of the consequence of the conseque	Do not enter VIA NCE OF): NCE OF): Iting in the ur	the mode of d	ying, such aa d	. 24a. WAS AN	AUTOPSY MED?	24b. WERE AUTOF
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DY PHYSICIAN: MEDICAL CE	ahock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CARCINOMA PART II. Other algnificant condition CARCINOMA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide a Could not be	Experiment 2 Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A) Due to (or A)	S A CONSEQUENT S A CO	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE	the mode of d Iderlying cause N 28. PLACE OF R: 28. PLACE OF R: 28. INJURY AT WORK? 1 YES 2	given in Part I DEATH (Check onleadence a Calculum NO 286.	. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO	24b. WERE AUTOP AWAILABLE POOP DEATH? 1 YES 2
EU BY PHYSICIAN: MEDICAL CE	ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other algnificant condition CARCINOMA PART H. Other algnificant condition CARCINOMA PART H. Other algnificant condition CARCINOMA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	a. PLACE OF INJUE	S A CONSEQUENT S A CO	NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE	the mode of d Iderlying cause N 28. PLACE OF R: 28. PLACE OF R: 28. INJURY AT WORK? 1 YES 2	given in Part I DEATH (Check onleadence a Calculum NO 286.	24a, WAS AN PERFOR 1 YES 2 Y one) Other (Specify) DESCRIBE HOW II	AUTOPSY MED? NO	24b. WERE AUTOF AMALABLE P COMPLETION OF DEATH? 1 YES 2
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	OIAIL OI MANIE			F DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATN	AY	YEAR	3. TIME OF DEATH
DOROTHY			ON		JAN. 25	92		7:50 P.
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DA		7. DATE OF BIRTH		6. BIRTI	NPLACE (State or Foreign
214-10-0388	1 - M 2XXF 8	1 YRS.			MAR. 4-19	10	MAR	YLAND
9e. FACILITY NAME (If not inetitution, give WELLS SPRINDS NU				MENCEUMNI E ARUNDEL			E AR	UNDEL
RESIDENCE OF DECEDENT 100. STATE 100. COUNT ANNE	ARUNDEL		NAPOLI;					10d. INSIDE CITY VIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				101, ZIP CODE		100 CIT	IZEN OF 1	WHAT COUNTRY?
11 HICKS AVE.				21401				S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13, WAS		NIC ORIGIN? (Specify Ye	a or No-		
1 Never Merried 2 Married 3 Married 4 Divorced	FORCES? 1 TYES	2 No	If yes	yes 2 NO Spec	an, Puerto Ricen, etc.)		Spec	E — American tridlen, k, White, etc.
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUI	PATION g most of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	ise retired.)	.NAVAL ACA	AD RETI	RED		
17. FATHER'S NAME (First, Middle, Last) JAMES HICKS				18. MOTNER'S N	AME (First, Middle, Melden RIE BANKS	Surname)		
190. INFORMANT'S NAME (Typo/Print) DORIS BURKE * DAU	GHTER	196. MAJLING 11 HI	CKS AV.	eet end Number or Rura. E—ANNAPOLI	Route Number, City or Town IS, MD. 214	vn, State, Zi LO1	ip Code)	
20arMETHOD OF DISPOSITION 1 Duriet 2 Crematton 3 Rer 4 Donetton 5 Other (Specify)	novel from State	b. PLACE OF DISPO	MEM G	ARDENS 1-2	29-92 ANN	CATION -	IS,	own, Stata MD. 21401
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	AVI	NAN-NAN	E ANO AOORESS OF F	FUNERAL SE			
CHARLES E. H		Will.	/ HOM	SE OF HICH	KS 1922 FOR	EST	DR.	ANNA. MD.
23. PART i. Enter the diseases, or	complications that cause	d the death. Do	not enter the	mode of dying, su	ch se cerdiec or resp	iratory a	rrest,	Approximata
IMMEDIATE CAUSE (Final disease or condition resulting in desth)			Row	avey ar	rest 1	live	per	Onset and Des
Tooland in county	DUE TO (OR AS	A CONSEQUENCE O	P7:/	X	1			
Sequentially list conditions,	a CO	> 000	V					
If sny, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE-6):					
CAUSE (Disease or injury	G							
that initiated events resulting in death) LAST	d.	A CONSEQUENCE O) Ε):					
PART ii. Other significant condition	na contributing to death	but not resulting	in the under	lying cause given in		N AUTOPSY	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
()					1 _ YES			COMPLETION OF CAUSE OF DEATN?
- VY					_			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF DEATH (C	Check only one)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER:	Nome 5 - Residence	6 Other (Specify)			
27, MANNER OF DEATH 1 Return 8 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	WORK?	28d. DESCRIBE NOW	INJURY O	CCUREO	
3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, ecity)	street, factory,	office	261. LOCATION (Street City or Town, State		er or Rural	Route Number,
onel	SICtAN: To the best of my kno							(e) and manner as stated
29b. SIGNATURE AND TITLE OF CENTIFIC		0.		290 CHEENSE N				D (Morth, Day, Year)
20. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (By	e, Print)	ld ti	dalling	- 170	700	1
21. DATÉ FILED (Notice), Opposituato	Vie regultino Duo	0 20	Tu 0	1/0	Bach	100	NA H	21220

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-plaurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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146,	w bar	compl rial, cn	c eve	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e exect	an and	umati	
8	ficate b	physici ne prior	er tra	
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S,	e deat	the atte	ijury,	
B	that th	ed by	any Ir	
0	quires	n signi	SWOL	
<u></u>	law re	Dept. o	23 s	
ITA	N: The	ficate 1 State	Hem.	
F V	IYSICIA	is certi	ed, or	
N	ING PH	Witter th	mark	
SIC	TTEND	after d	28 Is	l
DIS	OR A	DIREC	Item	
	SPITAL	NERAL hin 72	NT: II	
	THE HO	THE FU	PORTA	
	2	23	E	

	1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF					MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, La	est)							2. DATE OF DEATH			3. TIME OF DEATH
	Elizabeth	E. Kilpat	rick						O1	30	92	4:30a м
- 77	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER 2		7. DATE OF BIRTH		8. BIRTHE	LACE (State or Foreign
1	577-46-6557	1 🗆 M 2 💢 🔭	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	12	Ma	ryland
1	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY	, TOWN O	R LOCATIO	N OF DE	ATH	9c. CO	UNTY OF DE	ATH
E	Fairhaven				Sy	kesy	vi11	e		Ca	rrol	L
Ĕ	RESIDENCE OF DECEDENT											
DIRECT	Maryland C	arroll			kes							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER					10t.	ZIP COOE			10g. CI	TIZEN OF W	HAT COUNTRY?
ER/	7200 Third A	venue					217	84			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 🔯	RMEO NO	13.	WAS DECI	ENDENT OF city Cuban 2 X NO	HISPAN , Maxicar Specify.	IC ORIGIN? (Specify) n, Puarto Rican, stc.)	es or No-	Black,	- American Indian, White, atc. White
	15. DECEDENT'S I	EDUCATION	16a. Di	ECEDENT'S	LISUAL O	CCUPATIO	N		16b. KIND OF B	LISINESS/IN	VDUSTRY	
COMPLETED	(Specify only highest g	rade completed)	(0	live kind of a	work done	during mos	at of working	7	100.101.0			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Libr	cari	an			Li	brar	У	
N C	17. FATHER'S NAME (First, Middle, Lest)						16. MOTH	ER'S NAI	ME (First, Middle, Maide			
	John H. Gross								ie Stoc			
BE	19a, INFORMANT'S NAME (Type/Print)	·	- 46	h MAII INC	ADODES	S /Otract o		-	loute Number, City or R		Zin Code)	
2	Fairhaven											le, Md 217
	20a. METHOD OF DISPOSITION		20b. PLACE								- City or Tov	
	1 Burial 2 Cremation 3 1	Removal from State	other p	lace)								
	4 Donation 8 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	F LICENSEE /	Cari	coll			I SEI			ampst	cead,	עוא
	> Olian	D. Haix	ust		H	aigh	t Fur	nera.	1 Home (D 21784 (
DICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions	DUE TO (1) C	OR AS A CONSE	OUENCE O	OF): OF):				Part I. 24a, WAS.	AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DE CAUSE
ME	25. WAS CASE REFERRED TO MEDICA					44.81	105.05.05	TATAL COL	1 _ YES	2 (NO		OF DEATH? 1 YES 2 NO
Sic	EXAMINER?	HOSPITAL:	ED/O	2 [] 201	OTHE	Be			ock only one)			
PHYSICIAN:	27. MANNER OF DEATH	1 Inpetient 2 28a. DATE OF I	NJURY	28b. TIN	ME OF	28c. INJ WO	URY AT		8 Other (Specify) 28d. DESCRIBE HOV	V INJURY O	OCCURED	
ED BY	2 Accident Investigat 3 Suicide 8 Could not	28e. PLACE OF building, of	INJURY — At h	ome, farm,	M street, fac		rES 2	NO	281. LOCATION (Stre City or Town, Ste	et and Numb	ber or Rural R	oute Number,
ETE	4 Homicida detarmine	d										
COMPLE	(Oracon Oray	HYSICIAN: To the best of a										and manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERT	IFIER This	Mo	- M	ID		29c. LICE	NSE NUA	ABER 220	29d. D	ATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	2 164	15	1 27 (NP	e, Print) Erf	X	Roag	1	Ekker	sbur	g,m	Þ.
	31. DATE FILED (MONTH, Day, Year) JAN 3 0 '92	Suha Da	r's SIGNATURE	ndelle						(J	

REGISTRAR	OINIE OI IIINI	YLAND / DEPAR CERTIFI	TMENT OF H	EALTH AND ME DEATH	ENTAL HYGIEI	AC.	03545
1. DECEDENT'S NAME (First, Middle, Last)	V. k	uhn		2	DATE OF DEATH	9	3. TIME OF DEATH 3:50AM M
4. SOCIAL SECURITY NUMBER 219 05 4534	1 🗆 M 2 🔀 F	GE (In yrs. last birthday) 71 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	12/17/20	a. Bi	RTHPLACE (State or Foreign suging) PALTO., Md.
9e. FACILITY NAME (If not institution, give so EastPoint Nursi RESIDENCE OF DECEMENT			Baltim	OTE	Н	Baltimo	
100. STATE 10b. COUNT Carr		10c. CITY	KesVill	ION E			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6503 Carrolltow			101	21784		10g. CITIZEN C	DF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	If yes, spe	ENDENT OF HISPANIC Holfy Cuben, Mexican, F NO Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	or No- 14. g	ACE — American Indian, liack, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) High School	Cation completed) College (1-4 or 5+)	Ine. Do NOT use	ork done during mo:	st of working	166. KIND OF BU	SINESS/INDUSTR	γ
17. FATHER'S NAME (First, Middle, Last) George Addison	Glover			18. MOTHER'S NAME		Surname)	
190. INFORMANT'S NAME (Type/Print) Frank S. Kuhn		19b. MAILING 6503 (ADDRESS (Street at	owne Vill	te Number, City or Tov	vn, State, Zip Code)	
20e. METHOD OF DISPOSITION 1	1901 - 40-1	20b. PLACE AND DATE O			DATE 20c. LC	Elkrido	
21. SIGNATURE OF FUNERAL SERVICE LIK	Haight			OX 195 S	Haigh	t Funera	
23. PART I. Enter the diseases, proshock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	Liat Diny Dna Causa D	esed the death. Do not an each line.	ot entar tha mod	de of dying, such a	a cardiac or resp	Iratory arrest,	Approximate interval Between Onset and Death
i resolving in Ozavin		AS A CONSEQUENCE OF		Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan	4,60		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR /):		, 61.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF):			AUTOPSY 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE OF	tha underlying	cause given in Par	rt I. 24e. WAS AN PERFO	AUTOPSY 2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A DUE TO (OR A DUE TO (OR A d	AS A CONSEQUENCE OF	26. PL OTHER: 4 Whursing Homo OF 28c. INJURY	Cause given in Part ACE OF OEATH (Check 5 Residence 8	rt I. 24e. WAS AN PERFO	AUTOPSY 2 NMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A ia contributing to deat HOSPITAL: 1 Inpetient 2 ERA 288. DATE OF INJUI (Month, Day, Ye)	AS A CONSEQUENCE OF AS A CONS	28. PL OTHER: 4 (Whysing Home OF 28c. INJU WOI 1 Y	Cause given in Par ACE OF OEATH (Check 5	rt I. 24e. WAS AN PERFOI 1 YES : only one)	I AUTOPSY : RMED? : NO NO NJURY OCCURED	AVAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be desirmined 29a. CERTIFIER (Check only)	DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A a Contributing to deat HOSPITAL: 1 Inpatient 2 ERA 28e. DATE OF INJU (Month, Day, Vel 26e. PLACE OF INJU 26e. PLACE OF INJU CIAN: To the beat of my ke	AS A CONSEQUENCE OF AS A CONS	28. PL OTHER: 4 Whursing Home OF 28c. INJI BY WOI 1 Y	Cause given in Par ACE OF OEATH (Check 5 Residence 8 Received to 1 Received to 2 Received to 2 Received to 2 Received to 3 Received	only one) Other (Specify) Other (Specify) Other (Specify) It LOCATION (Street City or Town, State,	I AUTOPSY RMED? RMED? NO NJURY OCCURED and Number or Rur	AVAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be desirmined 29a. CERTIFIER (Check only)	DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. BA COntributing to deat BA CONTRIBUTION TO HAVE 1 Impatient 2 = ER/A 28s. DATE OF INJU (Month, Day, Ye.) 26s. PLACE OF INJU building, etc. (c)	AS A CONSEQUENCE OF AS A CONS	26. PL OTHER: 4 Whursing Hom Of 28c. INJU WOI I _ Y raet, factory, office d at the time, data , in my opinion, de	Cause given in Par ACE OF OEATH (Check 5	only one) Other (Specify) It LOCATION (Street City or Town, State, which cause(e) and make, data and place, and R	AUTOPSY RMED? INJURY OCCURED and Number or Rur Inner se stated, and due to the caus	AVAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO rai Route Number, be(a) and manner as stated.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

			1 - STATE REGISTRAR		STATE OF I	MARYLA	AND / DEP CERT					ENTAL	HYGIENI REG. NO.	E		
			1. DECEDENT'S NAME (First, Mid-	dle, Last)								2. DATE			YEAR 3	. TIME OF DEATH
-10	`	- 1		JOH			NLING						1-22			N
		√ I	4. SOCIAL SECURITY NUMBER		5. SEX		In yrs. last birthd	MONTHS	DAYS	IF UNDER	MIN.	(Month.	Day, Year)		Country)	ACE (State or Foreign
	(3 P) [217-22-80 9a. FACILITY NAME (If not institut	112	. * 1		67 YR		Y TOWN C	D I OCATI	ON OF DEAT		8-24	ac COUNT	Y OF DEA	ryland
1	V	6	10402 New	Quay					cea						ces	
Se.	E .	5	RESIDENCE OF DECED 10a. STATE 10a	COUNTY			10c.	CITY, TOWN	OR LOCAT	ION					1	Od. INSIDE CITY
280		E I	Md.	Word	ester			Ocear	n Ci	ty					1	LIMITS?
	регид	AL.	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
	-ts	FUNERAL	10402 Ne		_					2184					SA	
21203-3146	aret usern, rage b may be retained by the hospital of attending physician. by the funeral director, page 5 should be detached for use as the burial-transit moval. cal examiner must be notified at once.	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	rled	FORCES? 1	YES	2 00	13	It yes, sp 1 TYES	endent of	of HISPANIC in, Maxican, Specify:	Puarto R	? (Specify Yes licen, atc.)	or No.—	Black, \ Specify:	- American Indian, White, etc. White
03-	use as	9	15. DECEDER (Specify only high	NT'S EDUCA	TION empleted)		18a. DECEOEN	T'S USUAL of work done T use retired.	OCCUPATION DO	ON at of working	na	16b.	KIND OF BUS	SINESS/INDU	STRY	
212	for u	COMPLETED	Elementary/Secondary (0-12)		College (1-4 or 5						-		Donard.			
9	detached once.	M	17. FATHER'S NAME (First, Middle	Last		İ	Desig	1 Dr	arts	,	MED'C MAM	E /Cleat A	Engi:		ng	
Z	be de		Emil F.		ng								n Ann		dan	
MARYLAND	5 should notified) BE	19a. INFORMANT'S NAME (Type/				19b. MAIL	INO AOORE	SS (Street a				er, City or Town	7 = =		
Σ	page 5 s	5	Virginia (104	02 Ne	ew O	uay	Rd.	00	cean	City	, Md	., 21842
Ä,	ector, pa		20e. METHOD OF DISPOSITION 1 Surial 2 Cremation		al Irom State	20b.	other place)	POSITION (Vame of cer	netery, crer	matory or			CATION — C		
₩	direct		4 Donation 5 Other (Spe 21. SIGNATURE DE FUNE ALL SE		MERCE /	S	unset	Memo	oria 2. NAME A	1 D-	SS OF FACI	LITY	I Be	rlin	, Md	•
BALTIMORE,	the funeral director, wal.		Ichnel	M	W				U11	rich	n Fur	nera				in, Md.
	ed e		23. PART I. Enter the dises shock, or heart	ses, or co fallure. Li	mplications the st only one cs	et coused use on e	the death. I ach line.	o not ent	ar the mo	de of dy	ing, such	as card	lac or respi	ratory arre	st,	Approximata Interval Between
	the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	8.	Coro	nery	Ante	y 1	2,500	se						Yours
13146,	2 5 - 5	_		_	Hun	and an	CONSEQUENC	EJPF):								Yours
	sician and control to buris	CERTIFICATION	Sequentially list conditions if any, leading to immediat		but to	(OR AS A	CONSEQUENC	E OF:	<u> </u>				······································			11/
	2 2 2	CA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury		Unak	eles	Nel	Litus								Yelays
0		Ħ	thet initieted evants resulting in death) LAST	1	DUE 10	OH AS A	CONSEQUENC	E OF):								
۵.	attending ental Hygie	CE	-	d.												1
RDS	nar the death ed by the atten th and Mental I any Injury, o	JICAL	PART II. Other significant of	onditions	contributing to	death b	ut not resulti	ng in the	underlyin	g cause	given in P	art I.	24a. WAS AN PERFOR	RMED?	, i	VERE AUTOPSY FINDINGS WAILABLE PRIDR TO
	igned ealth rs an	ğ										-	1 YES 2	NO	0	COMPLETION OF CAUSE OF DEATH?
RECO	requires seen sign of Heat	: MED										-			1	□ YES 2 NO
	in: The law requires in ficate has been signed State Dept. of Health Item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO M	EOICAL					26. PI	LACE OF E	DEATH (Chec	k only on	e)			
VITAL	certificate h the State [, or Item	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	entlant 3 🗆 DO	A 4 N		10 5 Z R	asidenca 8	☐ Othe	r (Specify)			
F	this certificate h with the State I	PHY	27. MANNER OF OEATH		28a. OATE D (Month,	F INJURY Day, Year)	28b.	TIME OF INJURY		JURY AT		28d. DES	CRIBE HOW I	NJURY OCC	URED	
		ВУ	1 Natural S Pen 2 Accident Inve	ding atigstion				М		YES 2 [_					
DIVISION	OH AI LENDING DIRECTOR: After hours after death Item 28 Is ma	TED	3 Suicide 8 Cou	id not be rmined		of Injury , atc. (Spec	— At home, fe	rm, atroot, to	ectory, offic				ATION (Street or Town, State)		or Rural Rol	ute Number,
2	DIRECT hours a	E	29a. CERTIFIER	INO BUVEIO	ANI. To the best of	(my book	de de se de ade se					- 40				
_	로 기가 들	COMPLE	one)		AN: To the best of											and manner as stated.
	FUN With	ECC	29b. SIGNATURE AND TITLE OF	CERTIFIER						29c. LIC	ENSE NUME	BER		29d, DATE	SIGNED (Month, Day, Year)
	TO THE HOSPIT TO THE FUNERA De filed within 7	00	I Sul (steer	MO					D	357	64		> 1	12-	3/92
		5	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETEDICAL	ISE OF DE	ATH (ITEM 27)	Type_Print)		rd.			210	110		
			31. DATE FILED (Month, Day, Year	MA	32/REGISTR	AR'S SIGN	ATURE	() C	elya	UH	1, N	refe	218	72		
		7	1AAL 2 /		JZ/ HEGISTH		i.A. D	1.00								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transment. Pages to fill within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tranmatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENTAL	HYGIEN REG. NO	_	0 (0047
3	1. DECEDENT'S NAME (First, Middle, Last)				10	-				OF OEATH			3. TIME OF DEATH
- 0	FLORENCE I	KINSLEY							Jan.	25,	1992	YEAR	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH		S. BIRTHP	LACE (State or Foreign
	216-34-1254	1 🗆 M 2 💢 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	905	Now.	York
J	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY,	TOWN	OR LOCATI	ON OF DE	EATH		9c. COUNT		
6	Anne Arundel Me	edical	Center			Anı	napo	lis			Ann	e A	rundel
EC	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN O								tod. INSIDE CITY
рівесто	Maryland Ann	e Arune	d a l		nnar								LIMITS?
	10e. STREET AND NUMBER	ie aruin	сет	1 1	IIIIal		L S	E			100 CITIZ		AT COUNTRY?
FUNERAL	201 First Stre	et					214	0.7				S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. V	MAS DEC	ENOENT C	F HISPAN	VIC ORIGIN?	(Specify Yes			- American Indian, White, atc.
BY F	1 Never Married 2 Narried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 X	INO		f yes, sp	ecify Cuba 2 NO	n, Mexica	n, Puerto Al	can, atc.)		Specify.	
		<u> </u>										Whi	
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	10	ECEDENT'S Give kind of e. Do NOT u.	work done o			g	16b. I	KIND OF BUS	SINESS/INDU	STRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 -	•)										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Wal	tres	S	10 14077	APO'C MA	ME (Cine As)	Rest	aura	nt	
	Horace Edward	e							Bau		Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	. 0	19	9b. MAILING	AODRESS	(Street a					n, State, Zip C	Codel	
2	Mary Thompson										s, M		1401
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Remo	55., 20.55	20b. PLACE	ANDDATE	OF DISPOSI				DATE		CATION — CI		
	4 Donation 8 Other (Specify)	0	cemetery, cri	emetory or o	ther plece)	met	erv	1	129/				s. MD
	SURSIGNATURE OF FUNERAL GENVICE UC	ENDEE	//		22. F	NAME AP	ID ADDRES	S OF FA	CILITY		_	0.1.1	
	malal	July	m							Chape			21401
	23. PART L Enter the disease, or o	omplications that	t causad the de	eath. Do r	not enter	the mo	de of du	ces'	ter :	ot a P	nnap	oli	S MD Approximate
	ahock, or haart failure. I	List only one pau	se on each line	e.						. от товрт	otory arres	,	interval Between
	disease or condition resulting in death)	*	ceun	19	111								Onset and Death
	resoluting in death)	ONE TO	OR AS A CONSE	OUENCE O	F):	1	0		-				
Z	Samuel III. Had an also	· July	MAN	100	0	7	es	20	zen				!
E	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F)://	1							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	¢.											
Ë	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
E		d											
ا پ	PART II. Other significant condition	a contributing to	death but not	reaulting	in the unc	deriying	cause g	lven in	Part I. 2	4a. WAS AN		24b. W	VERE AUTOPSY FINDINGS
5										PERFOR	-	C	MAILABLE PRIOR TO COMPLETION OF CAUSE
¥													F DEATH?
ž													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Т.,			ACE OF O	EATH (Che	ck only one)				
YSI	1 TYES 2 TINO	1 I Impatient 2	ER/Outpetlant 3	DOA	OTHER 4 Nursi		• 5 □ Re	eldence	6 Other (Specify)			
F	27. MANNER OF DEATH 1 Untitural 5 Pending	28a. DATE OF (Month, De	INJURY ly, Year)	26b. TIM	E OF URY	28c. INJ	URY AT		28d. DESC	RIBE HOW IN	JURY OCCU	RED	
B	1 U-Mitural 5 Pending 2 Accident Investigation			27.7	М	1 🗆 Y	ES 2	NO					
	3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm, a	street, facto	ry, office			281. LOCAT	ION (Street a Town, State)	nd Number or	Rural Rou	ite Number,
E													
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	eth occum	d at the tir	ne, data	and place,	and dua	to the cause	e(a) and man	ner as stated		
S I	2 HEDICAL EXAMINES	On the basis of ax	amination and/or	investigatio	о, Іп ту ор	inion, d	eath occur	ed at the	time, data a	nd place, and	dua to tha	cause(a) a	ind manner as stated.
BE (296. SIGNATURE AND TITLE OF CENTURES		h				29c. LICE	NSE NUM	BER		29d. DATE S	SIGNED (N	fonth, Day, Year)
<u>P</u>	-/01/1V	lece						18	32	1	D 1	127	1/92
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type,	_		2	,	/	7		/	t
ļ	JAN D. LO	we n	0.0	600	200	319	ge	tu d	Aue	Apr	OCIDO	ITS.	MD 21401
	JAN 28 1992	32. REGISTRAL	R'S SIGNATURE	se.			0	(,		1		
	JAN 40 1332 9	rupe will do	21					-4					l

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	cuted	d com
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5	DR /	DIRE
-	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Crema
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	2	23

		1 - STATE REGISTRAR	STATE OF MARYLAN		TE OF DEATH	REG. NO.		
	ŀ	1. DECEDENT'S NAME (First, Middle, Lest)	KNUDS	ON		2. DATE OF DEATH DAY	1921	3. TIME OF DEATH M
1		4. SOCIAL SECURITY NUMBER 240-32-223	5. SEX 1 M 2 F 6. AGE (In yr.	3 YRS. WONT	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	S. BIRTY	NPLACE (State or Foreign
	OR	98. FACILITY NAME (If not institution, give str Manor Care	eet and number)	96.	CITY, TOWN OR LOCATION OF DE	ATN	9c. COUNTY OF D	NTO
Minor dis	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	ANTO	10c. CITY, TO	WN OR LOCATION	inc		10d. INSIDE CITY LIMITS? 1 YES 2 NO
- 1	- 1	100. STREET AND NUMBER	ton 20		10f. ZIP CODE	06	10g. CITIZEN OF	WHAT COUNTRY?
i	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₽ NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicar 1 YES 2 PNO Specify	, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E – American Indian, k, White, etc.
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	n. DECEDENT'S USUM (Give kind of work of life, Do NOT use retir	fone during most of working	16b. KIND OF BUSH	NESS/INDUSTRY	2
	BE CO	17. FATHER'S NAME (First, Middle, Last)	Burker	•	18. MOTHER'S NAM	ME (First, Middle, Meiden Si	umama) Ercen	
e notifie	TO E	190, INFORMANT'S NAME (Type/Print)	E	196. MAILING ADD	RESS (Street and Number or Rural R	loute Number, City or Town,	State, Zip Code)	
must b		20g. METNOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State Mel	ACE OF DISPOSITION	Note of completely, cromotory or the Cember 1		UNSULC	own, State
or removal. medical examiner		21. SIGNATURE OF PUNERAL SERVICE LIC	Par I	4	22. NAME AND ADDRESS OF FACE	Sev. PK	mn	21146
		23. PART I. Enter the diseases, or control of the c	i. Sardio	Pulmes	nter the mode of dying, such	ee cerdiec or respire	etory arrest,	Approximate interval Between Onset and Death
	RTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	MEGUENCE OF	tear	Failur	ف	listy
777	ш	thet initiated events resulting in daeth) LAST	COVE TO OR AS A CO	MSEQUENCE OFF	ntery hise	zail		42
of Health	: MEDICAL CE	thet initieted events	-/	My A	e underlying cause given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	NED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
State Dept. of Health Item 23 shows an	: MEDICAL CE	PART II. Other eignificant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	towy yolling	not resulting in the	26. PLACE OF DEATH (Che	PERFORM 1 VES 2	NED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
the State Dept. of Health or Item 23 shows an	PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	towy	not resulting in the	26. PLACE OF DEATH (Chr.	PERFORM 1 VES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
the State Dept. of Health or Item 23 shows an	TED BY PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpetle 28a. DATE OF INJURY	not resulting in the	26. PLACE OF DEATH (Che HER: Wursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 YES 2 pick only one) 8 Other (Specify)	JURY OCCURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO
72 hours after death with the State Dept. of Health If Item 28 is marked, or Item 23 shows an	MPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CERTIFYING PHYSIC	HOSPITAL: Impatient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify)	not resulting in the	26. PLACE OF DEATH (Che HER: Wursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 YES 2 Sck only one) 8 Other (Specify) 28d. DESCRIBE NOW IN. 28f. LOCATION (Street an City or Town, State)	JURY OCCURED and Number or Rural mer see stated.	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO Route Number,
i filed within 72 hours after death with the State Dept. of Health APORTANT: If Item 28 is marked, or Item 23 shows an	LETED BY PHYSICIAN: MEDICAL CE	PART II. Other eignificant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CERTIFYING PHYSIC	HOSPITAL: Impatient 2 ER/Outpette	not resulting in the one 3 DOA 4 S 28b. TIME OF INJURY At home, farm, street	26. PLACE OF DEATH (Che HJER:	PERFORM 1 YES 2 8 Other (Specify) 28d. DESCRIBE NOW IN 28f. LOCATION (Street an City or Town, State) to the cause(a) and many time, data and place, and	JURY OCCURED and Number or Rural her as stated.	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO Route Number,

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TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAI	RTMEN	T OF H	IEALTH DEA	AND I	MENTA	L HYGIEN REG. NO.			00043
	1. DECEDENT'S NAME (Firs		Robert	Henry	Lampe	ert				2. DATE MONT	OF DEATH		YEAR 92	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUM 210-07-744	9	5. SEX	6. AGE (In yrs. I		MONTHS	DAYS 27	IF UNDER	MIN.	(Mon	OF BIRTH th, Day, Year) -30-19	5		IPLACE (State or Foreign y) Pa
NO.	90. FACILITY NAME (If not in			ospital		9b. CIT		mins			30 15	9c. COU	NTY OF D	EATH
ECT	RESIDENCE OF DE	10b. COUNT			100 017	TY, TOWN			CEI				arro	
DIRECTOR	Md.		arroll	·		West								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1234 Wasl		n Road				101	zip cod	1157	7		10g. CIT		S.A.
BY	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive		IF YES, GIVE V	YES 2			If yes, sp	ENDENT Coeffy Cube	in, Mexice	n, Puerto	N? (Specify Yes Rican, atc.)	or No	14. RACE	American Indian, c, White, atc.
PLETED	15. DEC (Specify onl Elementary/Secondary (0	EDENT'S EDUI y highest grade 0-12)	CATION completed) College (1-4 or 5		Give kind of the Do NOT u	work done se retired.)	during mo	ON ist of worki	ng	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPL	17. FATHER'S NAME (First, M	liddle, Last)	т		bligi	neer		16. MOT	HER'S NA	ME (First	Middle, Malden	Sumamal		
BE C	19a. INFORMANT'S NAME (1	E (Delen)	Henry I	Lampert						Ma	rgaret	Ri		e
2	Ruth A. I		_	1							ber, City or Town		,	
	20e. METHOD OF DISPOSIT	ION		20b.PLACE	EAND DATE	OF DISPO	SITION (Ne	me of		DAT	SVIIIe	CATION	City or To	wn, State
	4 Donetion 5 □ Other		ENGER /	- 1	\rightarrow S			Cem		y /3	//2 Pit	tsbu	rgh,	Pa.
	21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE Winfield, Md. 21784													
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert tellure.	DUE TO	SPIRA (OR AS A CONSI	EOUENCE O	F):	FA	المسك	-					Approximata interval Between Onsat and Desth
CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated evente resulting in death) LAS	diete ING Iry	C	(OR AS A CONSE	EQUENCE O	F):			Filed cond	MOA	var D	(Sp. 3877	154	
PHYSICIAN: MEDICAL	PART II. Other significa	nt condition	e contributing to	daeth but not	resulting	in tha ur	nderlylng	cause (givan in	Part i.	24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
당	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						ACE OF D	EATH (Che	ock only o	10)			
YS!	1 TYES 2 THO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nur		5 □ Ra	sidenca	8 🗆 Othe	r (Specify)			
		Pending Investigation	28e. DATE OF (Month, D		28b. TIM	E OF JURY M		URY AT RK?	NO.	28d. DE	SCRIBE HOW IN	JURY OCC	CURED	
TED BY	2 Accident 3 Suicide 8 4 Homicide	FINJURY — At h etc. (Specify)	ome, ferm,	street, fec				281. LOC City	ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,		
S Could not be determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investig							lme, deta	and pleca,	and due	to the car	use(s) and man	ner ea stat	ed.	and manner se stated.
H	294 SIGNATURE AND TITLE	OF CERTIFIER	July.	7	200				NSE NUM			29d. DATI	SIGNED	(Month, Day, Your)
2	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	MO 2	EM 27) (Type	Print)	Ne	Tem.	1 Mes	TS	n=5	Time	~	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE		,							- 20	-11
	JAN 30'9	32	Julia De	widson-R	indelle									

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4	1. DECEDENT'S NAME (First, Middle, Las	"Lowma			CATE OF		2. DATE MONT	OF DEATH	AY _	YEAR 3	TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 2 14-12-15-56	5. SEX	6. AGE (In yrs. last 72.	birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	19	Country)	ACE (State or Foreign		
стоя	9a. FACILITY NAME (If not institution, giv		1			DR LOCATION OF DI Ltimore	EATH		9c. CQUN	TY OF DEA	rland		
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	har Chip	U Can		, TOWN OR LOCA						od. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6961 Eden V	nul Road	1			1. ZIP CODE 2/79	7		10g. CITIZ	EN OF WH	AT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced				if yes, sp	CENDENT OF HISPAI beeffy Cuban, Maxica 3 2 NO Specifi	an, Puerto		or No—	14. RACE - Black, ' Specify:	- American Indian, White, etc. Black		
PLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12) 7 VYS •	DUCATION	18a. DEC (Gh life.	re kind of w Do NOT us	USUAL OCCUPATION done during me retired.)	ost of working	160	. KIND OF BU	SINESS/IND	USTRY			
E COMPLET	17. FATHER'S NAME (First, Middle, Last) John L. Lowman	110110				Martha							
TO BI	190. INFORMANT'S NAME (Type/Print) Martha A. Cook				ADDRESS (Street den Mil.	and Number or Rural L Road V		ber, City or Tow			21797		
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	emoval from State	of cemetary	crematory	or other place)		2/3		esvi 1				
	21. SIGNATURE OF FUNERAL SERVICE USEN STATE 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland 21784												
	23. PART I. Enter the diseases, of shock, or heert fellur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one ceu	se on each line.	-		Pulmey				est,	Approximate interval Between Onset and Deeti		
NC	Sequentielly list conditions,	b. C#	OR AS A CONSEO	VIENCE OF									
RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	(OR AS A CONSEQ							-			
MEDICAL CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	(OR AS A CONSEQ	UENCE O	F):	ig ceuse given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condit Chronic Lorente 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. DUE TO	deeth but not re	eeulting	In the underlying 26. F	LACE OF DEATH (C)	heck only a	PERFOI 1 YES :	RMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condit CNVNIC LOVINIC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d. DUE TO d. LOCY OF HOSPITAL: 1 Opportunity of the Company of th	deeth but not re	DOA 28b. TIM	26. F OTHER: 4 Nursing Hot E OF 28c. IN		heck only o	PERFOI 1 YES :	RMEO? 2 NO		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL CERTIFI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condit Chychic Last Cause Reference to Medical EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO d. lons contributing to OCY (O) HOSPITAL: 1 Chapatient 2 C 28a. DATE OF (Month) 28a. PLACE O be be be be be	deeth but not re	DOA 28b. TIM	26. F OTHER: 4 Nursing Hot E OF	LACE OF DEATH (CI	8 Oth	PERFOI 1 YES 2 ne)	INJURY OCC	CUREO	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY		
PHYSICIAN: MEDICAL CERTIFI	If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other algnificant condit	DUE TO d. lons contributing to OCY (O) HOSPITAL: 1 Chapatient 2 C 28a. DATE OF (Month) 28a. PLACE O be be be be be	deeth but not red and a consequence of the conseque	DOA 28b. TIME INJ	26. F OTHER: 4 Nursing Hote E OF 28c. IN IURY 1 street, factory, offi	LACE OF DEATH (C) me 5	8 Oth 28d, DE 28f, LOC	PERFOI 1 YES : 1 YES : 1 (Specify) SCRIBE HOW CATION (Street or Town, State,	INJURY OCC	CUREO or Rural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		

Tamara G 31. DATE FILED (Month, Day, Year)

S Sobel MD

1007) 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randson

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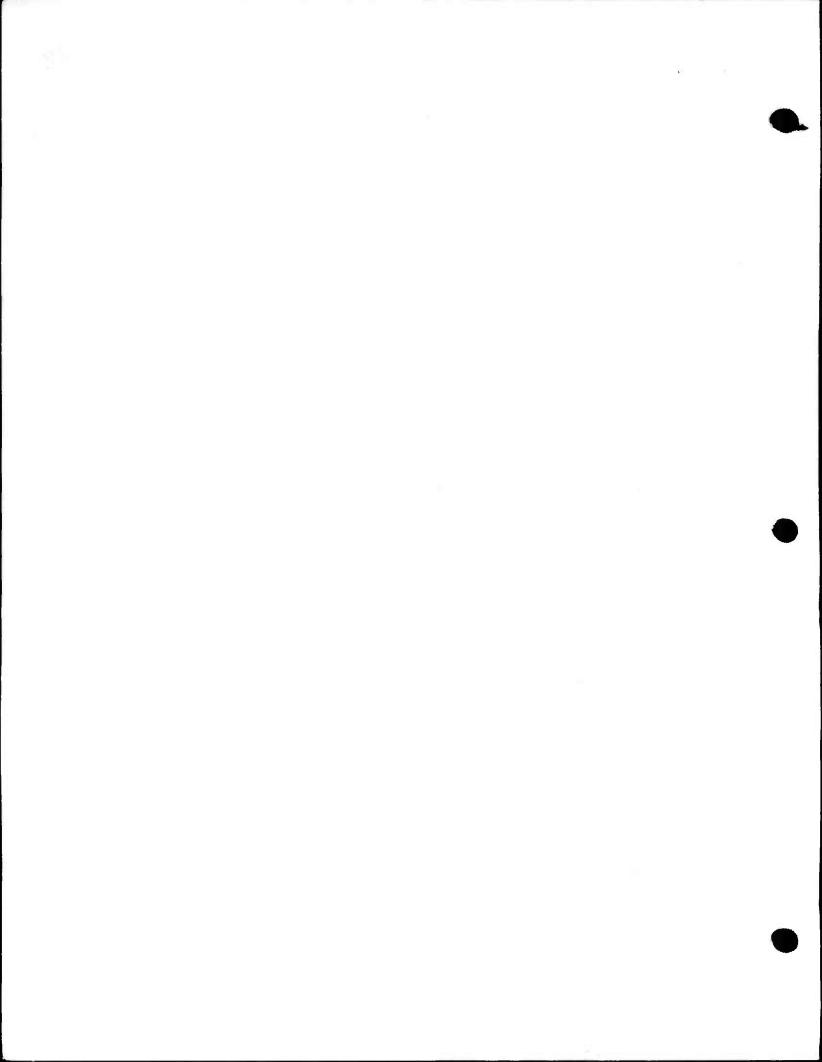
Vidyasagar Anmangandla MD. P.O.Box 282

	1. DECEDENT'S NAME (First		illiam		Lipp	old				TE OF DEATH	1992	AR S	6:00 A:
	4. SOCIAL SECURITY NUM 225-05-4589		5. SEX 1)XXM 2 F	6. AGE (In yrs. le 78	yrs.	IF UNDER 1 1		IF UNDER 24 HRS	7. DA	TE OF BIRTH onth, Day, Year) -29-1913		Country)	ACE (State or Foreign nington D(
CTOR.	99. FACILITY NAME (# not a 132 Ell Lar	ne	street and number)			17.	dorf	LOCATION OF	DEATH		ec. county Chai		
DIREC	100. STATE Md.	10b. COUN	charles		10c. CIT	y, town or Wa]	dor:						0d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	-						0602				OF WH	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried (2) 3 Widowed 4 Div		FORCES? X	NT EVER IN U.S. A V YES 2 WAR OR DATES	RMED NO	lf y		Ify Cuben, Me:		IGIN? (Specify Yee rto Ricen, atc.)		Black,	American Indien, white, etc.
ETED	15. OE (Specify or Elementary/Secondary	CEDENT'S EDI	UCATION le completed) College (1-4 or 5		ECEDENT'S Give kind of fe. Do NOT u	USUAL OCC work done dur se retired.)	JPATION ing most o	of working		16b. KIND OF BUS			
COMPL	10 17. FATHER'S NAME (First,				chnic	ian				-	ision R	Repa	ir
BE CC	John Lippol						I.			st, Middle, Meiden Speanbu			
TO B	19a. INFORMANT'S NAME Ina Lee Lip			,						lumber, City or Town		de)	
	20e. METHOD OF DISPOSI	TION	moval from State	20b. PLAC of cemetar Mary	E AND DAT	E OF DISPOS	ITION /N	Jame	-	Md. 206 DATE 206. LO	CATION - City	or Tow	n, State
	Surfect Cremetton 3 Removal from State Occumetary, crematory of other place												
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	haart fallure	a. CA	O OR AS A CONS	- R	ESAI	Ry	ATOF	24	FA	ILUR	E	Approximate Interval Between Onset and Da
-			LEXT	ENSIV	E	(A)	COT	NION	14	OF I	-ACE		1
ERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	ediata YING jury	DUE YO	O (OR AS A CONS	EOUENCE O	PF):	101						
MEDICAL CERTIFICATION	If any, leading to imm cause. Enter UNDERD CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignific	ediata YING jury ST	d. DUE TO	O (OR AS A CONS	EQUENCE O	F):	arlying o	cause given	in Part I	l. 24a. WAS AN	AUTOPSY HMED?	24b. \	WERE AUTOPSY FINDIN MARILABLE PRIOR TO COMPLETION OF CAUSI DE DEATH?
MEDICAL	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignific A 25. WAS CASE REFERRED EXAMINERY 1 YES 2 NO	ediate VING jury ST Condition On I C	DUE TO d. DUE TO DOBST X I A HOSPITAL: 1 Inpatient 2	o death but not	EQUENCE O	In the und	ortying o	cause given	In Part I	1. 24a. WAS AN PERFOR	AUTOPSY HMED?	24b. \	NAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or Under International Inte	ediete YING jury ST eant condition N C H E TO MEDICAL Pending Investigation Could not be	DUE TO d. DIE TO d. OBST XIA HOSPITAL: 1 Inpatient 2 28e. DATE O (Month,	o death but not	EQUENCE O	OTHER:	26. PLAC g Home WORK 1 YES	DISC	(Check onlines 6 28d.	1. 24a. WAS AN PERFOR	AUTOPSY AMED?	24b. \	MANLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? I YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignific A 25. WAS CASE REFERRED EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	ediate VING lury ST Cant condition of the Ca	DUE TO d. DIE TO d. OBST XIA HOSPITAL: 1 Inpatient 2 28e. DATE O (Month,	D (OR AS A CONSIDER OF A CONSIDER OF AS A CONSIDER OF AS A CONSIDER OF AS A CONSIDER OF AS A CONSIDER OF AS A CONSIDER OF A CONSIDER OF A CONSIDER OF AS A CONSIDER OF	EQUENCE OF TRANSPORT OF TRANSPO	OTHER: 4 Nursir ME OF JURY M street, factor	26. PLAC g Home Bc. INJE WORK 1 YEs	CE OF DEATH 6 Aresiden KY S 2 NO	(Check online 28d.	24a. WAS AN PERFOR 1 YES 2 Ny one) Other (Specify) DESCRIBE HOW I	AUTOPSY AMED? A NO INJURY OCCUR and Number or i	24b. \	WANLABLE PRIOR TO COMPLETION OF CAUSOF DEATHY I YES 2 NO

Charlotte Hall, Md. 20632

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIENI REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)		4			2. DATE OF OEATH	. 11.0	3. TIME OF DEATH
	\	Thelma Wolf	Levin				1 1 DA	6 92	7:05 P.M.
D)	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	6. BIF	TTHPLACE (State or Foreign untry)
. 1	/	217-32-0813	1□M2XF 70	YRS.	MONTHS DA	rs HOURS MIN.	12-29-21		ryland
-		9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	WN OR LOCATION OF O	EATH	9c. COUNTY OF	
°,	CTOR	504 Kent Ave.			LaP1	ata		Charl	es
N Entretain Prisit	້ວິ.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	/	10c. CIT	Y, TOWN OR L	CATION		3300-300	10d, INSIDE CITY
<u> </u>	DIRE	Md. Char	·1es	Ta	Plata				1 TYYES 2 NO
permit. rages		10e. STREET AND NUMBER	ICS	La.	Laca	10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
	FUNERAL	504 Kent Ave.				20646		II.S.A	
our ar-ti alisit	S	11. MARITAL STATUS	12. WAS DECEGENT EVER IF	N U.SVARMED		DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No — 14. R/	ACE — American Indian, ack, White, atc.
	BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			s, specify Cuban, Mexica YES XIX NO Specif			ochy: White
G G	EO B	15. OECEOENT'S EDUC	CATION	44- 050505050	1	MTION	Last white of the		
nac	ETE	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin se retired.)	most of working	Food S		
3	2	Elementery/Secondary (0-12) 12th Grade	College (1-4 or 5 +)	Cafete	ria W	orker	rood s	ervice	
at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Surname)	
e 16	ш	Samuel Wolf				Vinni	e Willett		
notified	8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St		Route Number, City or Town		
100	2	Jacquelin Tippe	:tt	P.O.	Box 3	02 LaPlat	ta Md. 20	646	
st be		20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rame	oval from State	b. PLACE OF DISPO	SITION (Name o	f cemetery, crematory or	20c. LO	CATION — City or	Town, Stata
r must		4 Donation 5 D Other (Specify)	Tr	inity		ial Garde		ldorf,	Md.
caminer		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			e ANO ADDRESS OF FA	neral Hom	e Inc	
a - E		Hayton (: Ichola	- 44-		Plata Md		ic life.	
or removal. medical examiner		23. PART i. Enter the diseases, or o	complications that cause List only one cause on a	d the death. Do				retory arreat,	Approximata
, or		IMMEDIATE CAUSE (Final	CHI ZZ TOLENSKI V SI		-				intarval Batween Onset and Daath
matio		disease or condition resulting in death)	Pancro	intic	Can	792			
even	1		DUE TO (OR AS A	A CONSEQUENCE O	F):				
Mental Hygiene prior to burial, cremation, illury, or other traumatic event, the	NO N	Sequentially list conditions,	b	A CONSEQUENCE O	σ.				
ior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 A3 /	CONSEGUENCE	T).				
her i	원	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS /	A CONSEQUENCE O	F):				
Hydi	H	reaulting in death) LAST	d.						
Aental ury,		PART II. Other aignificant condition	a contributing to death I	nut mat manifina	In the under	hdaa aassa sissa ta	Part I. 24a. WAS AN	иговоч Г	
th and Mental	CAL	Diabete(a contributing to death t	or nor resulting	m ure under	lying cause given in	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ealth s an	MEDI	2192013					1 □ YE\$ 2	NO	OF DEATH?
shov s	Σ						—		1 NES 2 NO
ID THE FUNEXAL UNEXLUDY. After mis commisser has been signed be field within 72 hours after death with the State Dept. of Health IMPORTANT. It from 28 is marked, or item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF OEATH (C)	heck only one)		
State Item	Sic	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 N Residence			
d, o	Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	20b. Til		INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED)
th wit	ВУР	Natural 5 Pending 2 Accident Investigation	(MORII, Day, 18ar)			YES 2 NO			
is m		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory,	office	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
n 28		4 Homicida determined							
ten C	COMPLETED		ICIAN: To the best of my know	viedge, death occur	red at the time,	date and place, and du	e to the cause(a) and mer	nner as stated.	
NT: I	O.	One) 2 MEOICAL EXAMINE	ER: On the basis of examination	on and/or investigati	on, in my opini	on, death occured at the	e time, data end pieca, an	nd due to the cau	ee(a) and manner ea stated.
od with	ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R	_		29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)
B € C	TO B	0 2	7		>	D33	SICH	► 1/s	28/92
	F	30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Typ	a, Print)	<u> </u>		,	
			INS JR.		LA	PLATA, MD	. 20646		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	LAN Pande	60				
		JAN 29 92	GUNANUAN	TOWN AND PROPERTY.					



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RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	or removal.	m 28 is marked or Hem 23 shows any injury or other trainmosts awarded awarded awarded and and a another
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EG	53	2

	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM	ENT OF H	EALTH AND		YGIENE EG. NO.	00000
	1. DECEDENT'S NAME (First, Middle, Last) ThomAS	2.	Li H(e		2. DATE OF D		YEAR 2 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214. 16. 4677	5. SEX 6. AGE (In yrs 1 20 F 6 9		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day)	RTH	B. BIRTHPLACE (State or Foreign Country) M.A.R.V. A.R.V.
OB	99. FACILITY NAME (If not institution, give street PENINSULA GENERAL	et and number) AL HOSPITAL	9b.	CITY, TOWN O	LISBURY	PEATH		VICONICO
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY NI ARY IGNA WORC	ester		WN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
VERAL	3/2 S. BAV	57.			ZIP CODE	3		EN OF WHAT COUNTRY?
益	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	If yes, spe	ENDENT OF HISPA city Cuben, Mexic 2 NO Spec	en, Puerlo Ricen,	ecify Yee or No 1	4. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work life. Do NOT use ret	done during mos ired.)	ON st of working	16b. KINE	OF BUSINESS/INDU	STRY
	17. FATHER'S NAME (First, Middle, Last) TAMES LIT	-10	Ruck.	DRIVE	18. MOTHER'S N.	AME (First, Middle,	Malden Surneme))
TO BE	190. INFORMANT'S NAME (Type/Print) Grace E. J	ittle	19b. MAILING ADD	RESS (Street of	HARLI nd Number or Rural RAJ	Route Number, Ch	ry or Town, State, Zip C	Ode)
20041	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov	al from State 20b. PLA cemelery.	CE AND DATE OF DI	SPOSITION (National)	me of	DATE 1-18-9	20c. LOCATION — CH	ly or Town, State
- Charles	21. SIGNATURE OF FUNERAL SERVICE LICES	Sharton			eto N		ACCOM	MOI.
	23. PART I. Enter the diseases, or co	mplicatione that caused the et only one cause on each l	ac	Ar	de of dyling, suc	ch ee cerdiec o	r reapiretory arres	Approximete Interval Between Onset and Death
ATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	Athers Con Due to (or as a con	ste c	a de	was (c	store	Diseas	e
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CON	SEQUENCE OF):					
MEDICAL	PART II. Other significant conditione Electroly Diabetes	contributing to desth but not the limbe Mell, the	ot resulting in th	e underlying	ceuae given in	- 21	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 Pt /	ACE OF DEATH (C)	rack only one)		
Sic	EXAMINER? 1 YES 2 NO	OSPITAL: Inpatient 2 ER/Outpatient		HER:	5 Residence		2(64)	
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	IRY AT		HOW INJURY OCCUI	RED
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At building, atc. (Specify)	t home, term, atrast.	lectory, office		261. LOCATION City or Town	(Street end Number or n, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, On the basis of examination end/	death occurred at	the time, date of	and place, end due	time, date and p	end menner ee stated.	
BE	296. SIGNATURE AND TYPE OF CERTIFIED	themo			29c. LICENSE NUI			IGNED (Month, Day, Year)
5	JEFFREY WES	- 4		rsing	04	#B101	CAL	21801
10	JAN 21 '97	32. REGISTRAR'S SIGNATURE Filia Davidson	E	CILITY		- 13/0	1961	174NT, MI)

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	must
	xaminer
in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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4 DECEMBERATION				ICATI		DEA!			REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) EMMA LOPA								2. DATE	TH	199	YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	Jan	OF BIRTH	195		IPLACE (State or Foreign
061-12-3649	1 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Count	(Y)
9a. FACILITY NAME (If not institution, give	- 42	84	1710.						.15,1			nnecticu
se. PACIEIT NAME (II not institution, give	street and number)			96. CITY	r, town of	LOCATIO	ON OF D	EATH		9c. COU	NTY OF D	EATH
727 Warren Drive					Anna	pol	is	Anno			ne	Arundel
RESIDENCE OF DECEDENT 06. STATE 10b. COUNTY												
100.00011			10c. CIT	Y, TOWN	OR LOCATE	ON:						10d. INSIDE CITY LIMITS?
Maryland Ann	le Arund	el		Ann	apol	is						1 X YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE	E			10g. CIT	ZEN OF	WHAT COUNTRY?
727 Warren Drive				21403					t U			.A.
11. MARITAL STATUS	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			ARMED 13. WAS DECENDENT OF HISPAN								— American Indian, k, White, atc.
□ Never Married 2 □ Married FORCES? 1 □ YES IF YES, GIVE WAR OR DA			2 25NO If yes, specify Cuban, Maxica				an, Puarto Rican, etc.)				k, Whita, atc. //y: hite	
15. DECEDENT'S EDU	JCATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	4		16	b. KIND OF BU	SINESS/INI		HILCE
(Specify only highest grade	completed) Coffege (1-4 or 5	life.	ive kind of a	work done sa retired.)	during mos	of working	g	- 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12	College (1-4 or 5 4	,,	Hom	ema	kan				Но	m o		- 5
17. FATHER'S NAME (First, Middle, Last)			AL OH	Cutct	W CI.							
								, , , ,	Middle, Maiden			
Giovanni Zacca	gnino								ulian			
19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow			21638
Peter Lombard	i											lle, MD
20a. METHOD OF DISPOSITION		20b. PLACE	_				J	OA		CATION -		
1.X Buriel 2 Cremation 3 Rem	noval from State	cemetery, cre	matory or o	ther place)				1				
IL BIGHATURE OF FUNERAL SERVICE LI	CENTEF /		cres		NAME AND				/ 9/2	Anna	DOT	is, MD
41 11		//		T	avlo	r F	1111 6	ral	Chap	e l	2	1401
Market X	- nhu	Tu							St.,			
23. PART I. Entar the diseases, or	complications the	t caused tha de	ath. Do r	ot anter	the mod	a of dyl	na. suc	h as car	dlac or respi	retory an	reet.	Approximata
shock, or haart failure. IMMEDIATE CAUSE (Final	List only Ina cau	ise on each line	L			-11	0			,		Interval Batwe
resulting in death)	1.1	134 6/1	2-	11	ani	10	1					1 Regin
	DUE 10	OR AS A CONSE	QUENCE OF	17	1	>	10)				1
	1/	0110	11	100	24	+X	15					
Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DENCE OF	9:	- Up	2 4						
cause. Entar UNDERLYING												i
CAUSE (Disease or Injury that Initiated events	C. DUE TO	(OR AS A CONSEC	DUENCE OF	n.								
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resulting in death) LAST	d											
	d		esulting	in the ur	nderlyina	cause o	iven in	Part I	240 WAS AN	AllTODEV	245	WEDS ALTYDON STATEMENT
PART II. Other significant condition	d		resulting	in tha ur	nderlying	cause g	ivan in	Part I.	24a. WAS AN PERFOR	MED?	24b	AVAILABLE PRIOR TO
	d		resulting	in tha ur	nderlying	cause g	ivan in	Part I.	PERFOR	MED?	24b	AVAILABLE PRIOR TO
	d		resulting	n tha ur	nderlying	cause g	ivan in	Part I.		MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	d		resulting	in the ur	nderlying	cause g	ivan in	Part I.	PERFOR	MED?	24b	COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	d		resulting	n tha ur					PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	death but not r		OTHER	26. PLA	CE OF OR	EATH (Ch	eck only o	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	death but not r	□ DOA	OTHER	26. PLA R: sing Home	CE OF OR	EATH (Ch	eck only o	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d	death but not r	DOA 28b. TIM	OTHER	26. PLA R: elng Home 28c. INJUI WOR	CE OF OE	EATH (Ch	eck only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	MOSPITAL: 1 Inpatient 2 28a DATE OF (Month, D.	ER/Outpatient 3	DOA 28b. TIM	OTHER 4 Nun E OF URY M	26. PLAR: sing Home 28c. INJUI WOR 1 YE	CE OF OB	EATH (Ch	eck only o	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D.) 28a. PLACE O	death but not r	DOA 28b. TIM	OTHER 4 Nun E OF URY M	26. PLAR: sing Home 28c. INJUI WOR 1 YE	CE OF OE	EATH (Ch	8 Other	PERFOR 1 YES 2 1 YES 2 1 Specify) SCRIBE HOW II	MED?	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D.) 28a. PLACE O	death but not r BER/Outpatient 3 INJURY ey, Year) FINJURY — At ho	DOA 28b. TIM	OTHER 4 Nun E OF URY M	26. PLAR: sing Home 28c. INJUI WOR 1 YE	CE OF OE	EATH (Ch	8 Other	PERFOR 1 YES 2 In (Specify) SCRIBE HOW II	MED?	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, Dibuilding,	death but not r BER/Outpatient 3 INJURY ay, Year) F INJURY — At ho atc. (Specify)	DOA 286. TIM INJ	OTHEF 4 Nun E OF URY M	26. PLAR: aling Home 28c. INJUI WOR 1 YE	CE OF OE RETY AT K?	EATH (Ch	8 Other	PERFOR 1 YES 2 1 YES 2 1 (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NO NO NJURY OCC	CURED or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CERTIFYING PHYS	HOSPITAL: 1 Inpattent 2 28a. DATE OF (Month, Dividing, Dividing, Dividing, To the best of	DER/Outpatient 3 INJURY ay, Year) FINJURY — At ho atc. (Specify) my knowledge, da	DOA 286. TIM INJ	OTHEF 4 Num E OF URY M street, tect	26. PLA R: sing Home 28c. INJUI WOR 1 YE ory, office	Rei Rei Rei Rei Rei Rei Rei Rei Rei Rei	EATH (Chaldenca	8 Other	PERFOR 1 YES 2 1 YE	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Of building.	DER/Outpatient 3 INJURY ay, Year) FINJURY — At ho atc. (Specify) my knowledge, da	DOA 286. TIM INJ	OTHEF 4 Num E OF URY M street, tect	26. PLA R: sing Home 28c. INJUI WOR 1 YE ory, office	Rei Rei Rei Rei Rei Rei Rei Rei Rei Rei	EATH (Chaldenca	8 Other	PERFOR 1 YES 2 1 YE	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Of building.	DER/Outpatient 3 INJURY ay, Year) FINJURY — At ho atc. (Specify) my knowledge, da	DOA 286. TIM INJ	OTHEF 4 Num E OF URY M street, tect	26. PLA R: sing Home 28e. INJUI WOR 1 YE Tory, offica	Rei Rei Rei Rei Rei Rei Rei Rei Rei Rei	NO and dua	28d. DE	PERFOR 1 YES 2 1 YE	NO NJURY OCC	or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Of building.	DER/Outpatient 3 INJURY ay, Year) FINJURY — At ho atc. (Specify) my knowledge, da	DOA 286. TIM INJ	OTHEF 4 Num E OF URY M street, tect	26. PLA R: sing Home 28e. INJUI WOR 1 YE Tory, offica	Rentry AT K? S 2	NO and dua	28d. DE	PERFOR 1 YES 2 1 YE	NO NJURY OCC	or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE BY CENTIFIER	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE OI building,	ER/Outpatient 3 INJURY ey, Year) FINJURY — At ho atc. (Specify) my knowledge, da warmination and/or is	DOA 28b. TIM INJ	OTHES 4 Num E OF URY M street, fact	26. PLA R: sing Home 28e. INJUI WOR 1 YE Tory, offica	Rentry AT K? S 2	NO and dua	28d. DE	PERFOR 1 YES 2 1 YE	NO NJURY OCC	or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 28a. DATE (Month, D. 28a. PLACE (I) building.	ER/Outpatient 3 INJURY ey, Year) FINJURY — At ho atc. (Specify) my knowledge, da warmination and/or is	DOA 28b. TIM INJ	OTHES 4 Num E OF URY M street, fact	26. PLA R: sing Home 28e. INJUI WOR 1 YE Tory, offica	Rentry AT K? S 2	NO and dua	28d. DE	PERFOR 1 YES 2 1 YE	NO NJURY OCC	or Rural F	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note Number,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF N	ARYLAND) / DEPAI CERTIF	RTMENT FICATE	OF I	DEATH	ND M	IENTAL HYGIEN REG. NO	E		
	ICHAR	D M. LC							2. DATE OF DEATH OLD 28	W J	92 AR	3. TIME OF DEATH A
213-32-53	- 4	5. SEX	6. AGE (In yrs. 56)	lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24	mi.	7. DATE OF BIFITH (Month, Day, Year)	35	Countr	IPLACE (State or Foreign ry) RYLAND
90. FACILITY NAME (If not in HARBOR HO	SPITA		R				TIMOF	OF DEA			JNTY OF D	
RESIDENCE OF DEC	10b. COUNTY			10c. CI1	TY, TOWN O	R LOCA	TION					10d. INSIDE CITY
MARYLAND 100. STREET AND NUMBER	AN	NE ARUN	DEL		BRO		YN PA	ARK		10a, Ci	IZEN OF V	LIMITS? 1 YES 2 NO WHAT COUNTRY?
5251 PATR	ICK H						2122	25			U.S.	
11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WILL 1955-1	AR OR DATES	ARMED NO	1 '	f yea, sp	ENDENT OF H ecify Cuben, & 2 XNO	dexicen,	C ORIGIN? (Specify Yes Puerto Rican, atc.)	or No-	Speci	E — American Indian, c, White, etc. hy: THT TE
15. DECI (Specify only Elementary/Secondary (0 12	Highest grade of	ATION completed) College (1-4 or 5 +	1.1	OECEDENT'S (Give kind of life. Do NOT u	work done o	furing mo	ON st of working		166. KIND OF BUS		OUSTRY	
17. FATHER'S NAME (FIRST, MI NELSON L									E (First, Middle, Meiden E . JEFFR			
GEORGE N.	LOWM	AN							ute Number, City or Town			.13
20a. METHOD OF DISPOSITI 1	n 3 🗆 Remor (Specify)			RO C				J. :	1/30 CAT	ONB	City or To	wn, State JE, MD.
21. SIGNATURE OF FUNERAL		1. Ko	ufn	rens	RA 42	YMC 6 C	RAIN	F	INK FUNE	EN	BURN	
23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)		Met	A S A CON	12	Re				ss cardiec or respi		reat,	Approximate Interval Between Onaet and Death
Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injuithst initiated eventa resulting in death) LAST	NG ry c.		OR AS A CONS			60	yen	4				
PART II. Other significan	nt conditiona	contributing to	feath but no	t resulting	in the und	derlying	cause give	n in Pa	24e, WAS AN PERFORI	HED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 238 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		ACE OF DEATH	I (Check	(only one)			
	ending weatigation	28a. OATE OF a	NJURY	26b. TIM	4 - Nursi	ng Home 28c. INJU WO	JRY AT	2	Other (Specify) 8d. DESCRIBE HOW IN	JURY OC	CURED	
3 Suicide 6 C	ould not be etermined	28e. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, a	street, facto	ry, offica		2	8f. LOCATION (Street as City or Town, State)	nd Number	or Rural Re	oute Number,
1 CERTIFIER (Check only one) 2 MEDIC	FYING PHYSICI	AN: To the best of n	ry knowledge, mination and/o	death occurre	ed at the tin	ne, data Inlon, de	end place, end	dua to	the cause(s) end men	due to th	led. He Cause(s)	end menner es stated.
Chily	CERTIFIER	le to	head	M	D.,	(A	29c. LICENSE					(Month) Day, Year)
Chnistoph	PERSON WHO	Le Boni	OF OR THE (IT	300 1	Print)	14	mov.	ei-	8t. 6	Ball	mm	e 21230
1. DATE EILED (Month, Day X	No. 1	32 DEGISTRAR	S CHANATURE						01	A () 1	07	

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To Survey and the survey of th

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	E	30000		
	1. OECEDENT'S NAME (First, Middle, Last) HELEN L.	Lane H	ELEN L	ANE	2. DATE OF DEATH	692	3. TIME OF DEATH		
)	220072161	6. SEX 6. AGE (In yrs. las.	YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS MIN.	The state of the s				
TOR	88. FACILITY NAME (If not institution, give stree ANNE ARUNDEL RESIDENCE OF DECEDENT			ANNAPOLIS	DEATH	9c. COUNTY OF DEA			
DIRECTOR	10e. STATE 10b. COUNTY	ARUNDEL		APOLIS			IOd. INSIDE CITY LIMITS?		
FUNERAL	10e. STREET AND NUMBER			101. ZIP COOE		10g. CITIZEN OF WH			
UNE	205 C VISTOR PA	2. WAS DECEDENT EVER IN U.S. ARI	MED T	21403	MIC OBIGIN2 (Specific Vec	U.S			
B⊀	1 Never Married 2 Married XXWidowed 4 Divorced	FORCES? 1 TYES 2 TO N IF YES, GIVE WAR OR DATES	10	11 yes, specify Cuban, Mexic 1 YES 2XXVO Spec	en, Puerto Rican, atc.)	Black, Specify:			
COMPLETED	15. OECEOENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (G/	CEDENT'S USUA ve kind of work d Do NOT use retir	one during most of working	16b. KINO OF BUSI		LACK		
MPI				DOMESTIC					
8	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden S	iumame)			
BE C	JAMES NATER 194. INFORMANT'S NAME (Type/Print)	181	. MAILING ADDI	MESS (Street and Number or Rura	RY HALL	State Zin Code)			
5	ALLEN GOODRUM			VICTOR PARK			D. 21403		
	20a. METHOD OF DISPOSITION M ⊯urial 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	I from Stata cemetery, crer	matory or other pl	POSITION (Name of ace) EM. PARK	7-31-	NAPOLIS			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AND AGORESS OF F	ACILITY				
	Larry &	Reese		REESE & SON 21 WEST ST.	IS MORTUAR	Y, P.A	21401		
7	23. PART I. Enter the diseases, or come shock, or heart fellure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO JOH AS A CONSCI	i y	hyporete	ch as cardiac or reapir.	story arreat,	Approximata interval Between Onaet and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)				- 71			
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions of			undarlying cause givan in	Part I. 24a. WAS AN A PERFORM	NEO?	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	tent entrees	7			
SIC		OSPITAL:		IER: Nursing Home 5 ☐ Realdence					
E	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW IN.	JURY OCCURED			
à	2 Accident Investigation	200 DI ACE OF IN HIRV		1 YES 2 NO					
ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — Al hon building, atc. (Specify)	ne, larm, street,	28f. LOCATION (Street and Number or Rural Route Number. City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, des On-the besis of exemination and/or in	ith occurred at I	he lime, data and place, and du- ny opinion, dasth occured at the	e to line cause(a) and mann e time, data and placa, and	er as stated. due to the cause(s) a	nd manner as stated,		
BE	28c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
5	JON B. LOWE 600 RIDGLEY AVE. ANNAPOLIS, MD. 21401								
	JAN 3 0 1992 Jul	32. REGISTRAR'S SIGNATURE							

1 - STATE REGISTRAR	SIAIE OF			CATE OF	HEALTH AND				
1. DECEDENT'S NAME (First, Middle, La.	st)			OAIL OI	DEATH	REG.	1	3.	TIME OF DEATH
Lawrence			Mart	in		01/29	/92	YEAR	M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
297-09-1449	1 M 2 F	71	YRS.	MONTHS DAYS	HOURS MIN.	04/02/2		Country) Ohio	
9a. FACILITY NAME (If not institution, given	re street and number)			9b. CITY, TOWN	OR LOCATION OF DI			TY OF DEAT	
787 Cotswolde Qu	lay Ct.			Severr	a Park		Ann	e Aru	ndel
RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTY		100 0070	TOWN OR LOCA					
	ne Arundel			erna Pa					d. INSIDE CITY LIMITS?
787 Cotswolde	Quay Ct.			11	OI. ZIP CODE 211	46	10g. CIT12	S.A.	T COUNTRY?
11. MARITAL STATUS		T EVER IN U.S. AF		13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify	Yes or No-	14. RACE -	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	NO		pecify Cuban, Maxica S 2 X NO Specify			Specify:	hita, etc.
15. DECEDENT'S E	I WW			1					hite
(Specify only highest gra	ide completed)	(0	ECEDENT'S U Silve kind of w Do NOT use	DSUAL OCCUPAT	ON ost of working	16b, KIND OF	BUSINESS/INDI	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	•)	anage			Marke	tina		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Mail			
Charles Hunt M	artin				Louella	a Harris			
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural I	Soute Number, City or	Town, State, Zip	Code)	
Mrs. Myra G. Ma	artin	7	87 Co	tswolde	Quay Ct.	Severn	a Park	MD	21146
20a. METHOO OF DISPOSITION 1. Burlet 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE cometery, cre	AND DATE OF	F DISPOSITION /	ame of		LOCATION - C	Ity or Town,	
			etera		eterv	1/31 Cro	wnsvil	le, N	(ID
21. SIGNATORE OF PUNERAL SERVICE	LICENSEE			22, NAME A	NO ADDRESS OF FA	495	Ritchi	e Hwy	
10 (1.	Dans			Barran	co Funera	al Home S	everna	Park	MD 21146
23. PART I. Enter the diseases, o	r complications tha	t ceused tha da	ath. Do no	ot enter the me	ode of dving, auci	as cerdiac or re	spiratory arre	et	Approximate
ahock, or heart felluri IMMEDIATE CAUSE (Final	e. List only one cap	se on each line	1.	1 -			op. atory arro		Interval Between
diseese or condition	(6	relavoro	01	Chan Di					Onset and Death
resulting in death)	DUE TO	JOS AS A GONBE	DUENCE OF	The state of	signic				
	. 1	Men UX	da	The	oken				
Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	who on	OI.	0,000				
cause. Enter UNDERLYING CAUSE (Disease or Injury	. /1	XV	D						
thet initiated avents	DUE TO	OR AS A CONSEC	DUENCE OF)						
resulting in death) LAST	d,								
PART II. Other significant condition	ons contribution to	death but not a	manalitima in	the medical de				_	
		South Day Inn I	escening in	tine underlysti	g cause given in	PERM	AN AUTOPSY ORMED?	AM	RE AUTOPSY FINDINGS JEABLE PRIOR TO
						1 □ YES	2 1410		MPLETION OF GAUSE DEATH?
						_	,	1.0	YES 2 50NO
25. WAS CASE REFERRED TO MEDICAL									-
EXAMINER?	HOSPITAL	anies Www.fevica	- 1	DTHER:	ACE OF DEATH (Chi	ck anty one)		×	
1 YES 2 NO 27. MANNER OF GEATH	1 C Impatient 2 C	The second second second	DOA 4	Nursing Hon		6 Other (Specify)			
1 Amural 5 Panding	28s. DATE OF (Month, D		28b, TIME INJUI	RY WC	VRK7	284. DESCRIBE HO	N INJURY OCCU	MED	
Accident Investigation 3 Suicide • Could and b	The second second second	T THE STREET	_	\ " 1			_		
4 Homicide 8 Could not be determined	building,	F INJURY — At horeto, (Specify)	me, rarm, str	ent, factory, offic		City or Town, Stre	et and Number o Inj	r flural floure	Number
			100						
29s CERTIFIER C		7							
124					and place, and due				
2 Millich Exami	EER/On the fasts of of				and place, and due leath occured at the I				f manner as stated.
(Careck only	EER/On the fasts of of					ime, date and place,	and due to the		
2 Millich Exami	Wan Sur	amination and/or i	nvestigation,	In my opinion, s	eath occured at the I	ime, date and place,	and due to the	canse(x) eu	

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within armours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HEROGORANT. IS from 20 to marked on them 23 shows now injury or other traumatic event the medical sysmitat much he notified at one

- STATE REGISTRAR		CERTIF	ICALE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, La.	S				2. DATE	OF DEATH	NY	92ª	3. TIME OF DEATN
George Robe					1				
	Y _	(In yrs. lest birthday) YRS.		EAR IF UNDER 24 HRS AYS HOURS MIN.	7. DATE	of BIRTH 10/32		Countr	PLACE (State or Foreign y)
216-28-6526 9a. FACILITY NAME (If not institution, given		U Ins.	AL OUTY TO	OWN OR LOCATION OF		10/02	9c. COUN	MD	PAYAI
							-127 1024	rro	
521 Spruce A	venue		I W	estminst	er.		Ga	T.T.O	
10e. STATE 10b. COU	NTY	10c. CI	TY, TOWN OR I	LOCATION					10d. INSIDE CITY
MD	Carroll		W	estminst	er				1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF Y	VHAT COUNTRY?
521 Spruce A	venue			21157			U.		
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		S DECENDENT OF NISI			or No-	14. RACE Black	E — American Indian, k, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 7 YES IF YES, GIVE WAR OR D KOrean	ATES		YES 2 NO Spe		,		Speci	
15. DECEDENT'S E		18a. DECEDENT	S LISHAL OCC	IPATION	16	b. KIND OF BUS	SINESS/INDI		. L 0 e
(Specify only highest gr	ade completed)	(Give kind of life, Do NOT	work done duri	ing most of working	100	a. Kille of Bo.	3114203711404	551711	
Elementary/Secondary (0-12)	College (1-4 or 8+)	truo	k dri	Trer		state	hoe	ni+	al
17. FATNER'S NAME (First, Middle, Last)		OL UC	V OTT	18. MOTNER'S				V-1 0	C-4
George C. M	[i]]er					Tavlo			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	treet and Number or Ru				Code)	
Mrs Ruhy E	Millon	524		ce Avenu					MD 2115
20a. METHOD OF DISPOSITION	20	b. PLACE AND DA	TE OF DISPOS	ITION (Name	DA	TE 20c. LO	CATION — C	City or To	own, Slata
1 ☑ Burial 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	lemoval from State	restla	wn Ce	metery	1/3	1 E1	lico	tt	City. M
21. SIGNATURE OF FUNERAL SERVICE			22 NA	ME AND ADDRESS OF	EACH ITY			-	
Date 1				ritts Fu	ınera	T HOM	e &	una	рет
Robert K.									
23. PART I. Enter the diseases, abook, or heart feitu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List Drily one cause on a	d the death. Do	not anter the	12 Washi e mode of dying, s	ngto	n Rd.	, We	stm	Approximata interval Betw
ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	or complications that cause re. List Dnly one cause on a METAS 11 a. DUE TO (OR AS .	d the death. Do	not enter the	12 Washi e mode of dying, s	ngto	n Rd.	, We	stm	Approximata interval Betw
shock, or heart feliu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS OF CO.)	An CAAA A CONSEQUENCE	not anter the CAP2 OF):	12 Washi e mode of dying, s	ngto	n Rd.	, We	stm	Approximata interval Betw
ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS OF CO.)	A CONSEQUENCE	not anter the CAP2 OF):	12 Washi e mode of dying, s	ngto	n Rd.	, We	stm	
shock, or heart feliu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE	of):	12 Washi e mode of dying, s &x ~ CMA	ng to	n Rd. rdiec or respi	We iretory small	stm	Approximate interval Betwo Onaet and D
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william to the state of the sta

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 most after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
te be executi	Sician and c	prior to buris	traumatic
eath certificat	ittending phys	tal Hygiene p	, or other
that the de	ed by the a	th and Men	any Injury
w requires	been signi	pt. of Healt	3 shows
N: The la	scate has	State De	Item 2
HYSICIA	is certif	vith the	ed, or
DING PI	After th	death w	s mark
ATTEN	RECTOR:	irs after	m 28 i
ITAL OF	PAL DIF	72 hou	If ite
HOSP	FUNE	within	HTANT
THE OT	10 TH	De filec	IMPO

	1 - STATE REGISTRAR	STATE OF MARY			MENT OF I		MENT/	AL HYGIEN	E		
200 to the	1. DECEDENT'S NAME (First, Middle, Last) Carrine 4. SOCIAL SECURITY NUMBER	E			mcBr	ide	2. DAT	E OF DEATN		YEAR	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I) 9a. FACILITY NAME (If not institution, give street and number)			YRS.	ONTHS DAYS	IF UNDER 24 HR	8/8	26/19	30	Country)	CE (State or Foreign
E	PENINSULA GENER				9b. CITY, TOWN OR LOCATION OF DEATN SALISBURY					OF DEATH	
DIRECT	10a. STATE 10b. COUNTY	cester			own on Loca						. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 715 8th. St				10	ZIP CODE			-	N OF WHAT	
BY	tt. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	D	13. WAS DEC	ENDENT OF HIS ecity Cuben, Max 2 NO Spi	ican, Puarto	N? (Specify Yes Rican, etc.)		Specify:	marican Indian, Ita, alc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give I life. Do	kind of worl NOT use n	UAL OCCUPATION done during months.)	ON st of working		b. KIND OF BUS		BRAC	
	17. FATNER'S NAME (First, Middle, Last)		Lobo	1010		18. MOTHER'S		Middle, Maiden			
) BE	19a. INFORMANT'S NAME (Type/Print)	hurrell	19b. M	AILING AD	DRESS (Street a	nd Number or Ru		nber City or Town	n State Zin C	orie)	
5	Mellyrin McBri	ide	Rt	-		Gree				630	
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Remo	val from State C6	metery, cremate	ory or other	DISPOSITION (No		DA		CATION — CIN		itate
	4 Donation 5 Other (Specify)	P)	rinty		em. Unc	D ADDRESS OF	FACHIETY	Po	comol	ecit	y, Md.
				0	Sa	vage I	a.H.	P.O.	Box.	46	
	23. PART i. Enter the diseases, or co	omplications that ceus	ed the death	Donot		ewr Ch	unch	. Va.	23411	5	
	shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR #S	en line.	ice	2 /	lear		Pail			Approximate interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUE	NCE OF):							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS									
ICAL	PART II. Other aignificent conditions	contributing to deeth	but not resu	illing in t	ha underlying	cause given	in Part i.	24a. WAS AN A PERFORM	MED?	AVAIL	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
PHYSICIAN: MED										1 [YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH	Check only o	ne)			
YSIG	1 TYES 2 NO	HOSPITAL: 1 Inputlant 2 ER/Out	petlant 3 🗆 (THER:	5 - Residenc					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28	Ib. TIME OF		JRY AT RK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	ED	
BÁ	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home	form stree	t factory office		201 1 01	14T1011 (0)			
Ë	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28f. Homicide detarmined 28f.							ATION (Street as or Town, State)	nd Number or i	Rural Route I	Vumber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICION ONE) 2 MEDICAL EXAMINER	IAN: To the best of my know: On the bests of examination	viedga, daath o	occurred a	t the time, deta	and place, and d	us to the ca	use(s) and man	ner as stated, I due to the co	euse(s) and	manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	H/	le	ge	1	29c. LICENSE N	UMBER 743		29d. DATE SI	GNEO (Mont	h, Drey, Year)
	30. NAME AND ADDRESS OF PERSON WHO TSCHINNIN MEGA	or Quin	CU+1	buis	TST	SNISI	oury	ML	1	/	
2/	31. DATE FILED (Month, Day, Year) JAN 1 7 92	32. HEGISTRAPS SIGN	on-Rand	lell							

. .

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF HEALTH A		GIENE	00000		
	1. DECEDENT'S NAME (FIRST, MIDDIO, LEST) ELLA A.	Matchet	ELLA A.	MATCHETT	2. DATE OF DE	EATN ,	ar 3. TIME OF DEATH Q45 PM		
	4. SOCIAL SECURITY NUMBER 579 09 1074	1 - M 2 XE	76 YRS. MO		April	Ybar)	BIRTHPLACE (State or Foreign Country) ash, DC		
TOR	90. FACILITY NAME (If not Institution, give Anne Arundel Medinesidence of Decement			nnapolis	OF DEATH	9c. COUNTY AACO	OF DEATH		
DIRECTOR	MD AAC			OWN OR LOCATION SVILLE			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 [☑ NO		
FUNERAL	375 Holly Trail			101. ZIP CODE 21032		10g. CITIZEN	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2-1-NO	13. WAS DECENDENT OF N If yes, specify Cuben, N 1 ☐ YES 2 ☑ X10	lexicen, Puerlo Rican,	etc.)	RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	1S. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use re	done during most of working tired.)	16b. KIND	OF BUSINESS/INDUS			
COMF	12 17. FATNER'S NAME (First, Middle, Last)		Housewife		'S NAME (First, Middle,	Maiden Surname)			
TO BE	John Frank McKe	nzie	19b. MAILING AD	Edith DRESS (Street and Number or a	I Irene Ri		de)		
-	Patricia I. Johns 20a. METNOD OF DISPOSITION XM Buriel 2 Crometton 3 - Ran	206	PLACE AND DATE OF D	.ly Trail Cr		MD 210-2 20c. LOCATION - CITY			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	n	AKEMONT	Cemetery 1 22. NAME AND ADDRESS OF Hardesty Fu	OF FACILITY				
	23. PART I. Enter the disesses, or shock or heart failure	complications that cause List only one cause on a	the desth. Do not	Annapoli enter the mode of dylng,	such ss cardiac o	3 r reapiratory srrest	, Approximate		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Cerebra		ular Acc	ident		Interval Between Onaat and Death		
RIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL CE	PART II. Other significant condition Inferio Late	na contributing to death b	ut not reaulting in the	ne underlying cause give	,	WAS AN AUTOPSY PERFORMED? YES 2 NINO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEAT					
	27. MANNER OF DEATH 1 Netural 5 Pending	1 ÇAinpatiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Reside 28c. INJURY AT WORK? M 1 YES 2 No	28d. DESCRIBE	HOW INJURY OCCUR	ED		
IED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, stc. (Spec	— Al homa, larm, straa		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLEIED		ICIAN: To the best of my know					ruse(s) and manner as stated.		
O BE O	29b. SIGNATURE AND TITLE OF CENTIFIED MO			29c. LICENSE	NUMBER	IMBER 29d. DATE SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WOM NE D. Bierbaum, MO 134 Dwensville Rd, West River Mn								
	31. DATE FILED JAN 27, 1992	gitte Divides	mandale						

0.000

Property of the same

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020		ls.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.	cian. -transit permit, Page	\$ 1, 2,
	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	-	. 1 2

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
mey.		elen J.	OAT		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 222-10-3644	1 □ M 2 💢 F	n yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 6 - 1 2	8. BIRTHPLACE (State or Foreign Country) New Jersey				
ТОВ	98. FACILITY NAME (If not institution, give st PENINSULA GENERA RESIDENCE OF DECEDENT		9b.	SALISBURY	DEATH 9c.	COUNTY OF OEATH WICOMICO				
DIRECTOR	Md • WO:	rcester		VN OR LOCATION 1 in		10d. INSIDE CITY LIMITS? 1 YES 2 TO NO				
FUNERAL	100. STREET AND NUMBER Mystic Harl			101. ZIP CODE 21	811	USA				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 /NO	13. WAS DECENDENT OF HISP If yee, specify Cuber, Maxi 1 YES 2 Specify Specify		o- 14. RACE - American Indien, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) Coffege (1-4 or 5+)	life. Do NOT use retir	one during most of working	16b. KIND OF BUSINES					
	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden Surna	me)				
BE	Joseph Voda 190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	Mary	y Pitko N Route Number, City or Town, Stat	***				
2	Edith J. Dykes			rsh Lane						
	20a. METNOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State ceme	PLACE AND DATE OF DIS etery, cremetory or other pi	POSITION (Name of ice)	DATE 20c. LOCATIO	erlin, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE CHILL	Sunset Me	Ullrich Fi	uneral Home	Berlin, Md.				
CERTIFICATION	23. PART I. Enter the disease, or c shock, or heert failure. I iMMEDIATE CAUSE (Final disease or condition reauting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	the deeth. Do not enter the de	Divertica		y errest, Approximate interval Between Onset and Death				
MEDICAL	PART II. Other significent conditions	contributing to death bu	at not resulting in the	underlying ceuse given in	n Part I. 24s. WAS AN AUTOI PERFORMEC? 1 ☐ YES 2 SAN	AVAILABLE PRIOR TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetiant 2 ER/Outpa 28a. DATE OF INJURY (Month, Dsy, Year)		28. PLACE OF DEATH (C IEER: Nursing Nome 5 - Residence 28c. INJURY AT WORK?		/ OCCURED				
TED BY	2 Accident Investigation 3 Suicida 8 Could not be datarmined	28e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, atreat,	1 YES 2 NO	281. LOCATION (Street end Nu City or Town, State)	imber or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date end place, end dua to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date end place, end dua to the cause(e) end manner se stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	o T Tan	m. K	DIG-	JMBER 29d. ▶	DATE SIGNED (Month, Day, Year)				
	COUSTANTE T	TAN t	TN (ITEM 27) (Type, Print)	Riversid	0 Dr. 50	listy NED				
20	JAN 2 7 '92	32. REGISTRAR'S SIGNÁ	on-Randell			0				

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BALTIMORE, MARYLAND 21215-0020	in 24 hours after death, Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit paralon, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Miciella Lauti			ERTIF	ICATI	- 01	DLA	-		REG. NO	<u>':</u>		
Julia	, imagin, zesty			Orto	m c1				MONTH		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUME	DER	5. SEX	6. AGE (In yrs. le	OWENS S. last birthday) IF UNDER 1 YEAR IF UNDER 24 HI			04 1000	1- 29		92	La pier	HPLACE (State or Foreig	
464-30-8226		1 🗆 M 2 🖫 F	86		MONTHS	DAYS	HOURE	MIN.	(Month	, Day, Year)	OF	Coun	(ry)
9a. FACILITY NAME (If not in	stitution, give s	42	00	,	ah CITY	TOWAL C	OR LOCATI	ON OF DE	_	- 1-		Gun	ter, Texas
206 St. Ives									AIN				
RESIDENCE OF DEC	EDENT	.1		_	Ser	vern	a Pai	cK			Ann	e Ar	undel
10e. STATE	10b. COUNT	Y 10c. CITY, 1			Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
MD	Anne	Arundel		Sev	verna Park							LIMITS?	
10e. STREET AND NUMBER						101. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?	
206 St. Ives	Gart	h			21146					IT.	S.A.		
11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 3	RMED NO		WAS DEC	ENDENT C	n, Mexicer	n, Puerto P	? (Specify Yealican, atc.)			E — American Indien, ik, Whita, atc. city: White
	EDENT'S EDU			ECEDENT'S					16b.	KIND OF BU	SINESS/IN	DUSTRY	WIIIOC
Elementary/Secondary (0		College (1-4 or 5	- Mar	Give kind of a. Do NOT u	work done se retired.)	during mo	st of workin	g					
			Но	mema	ker					Home	!		
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTI	NER'S NAI	ME (First, A	fiddle, Malden	Sumame)		
Charles P.	St	ambaugh					Lil			Sneed			
19a. INFORMANT'S NAME (7)	ype/Print)		19	b. MAILING	ADDRES	S (Street a			Route Numb	er, City or Tow		p Code)	
Mary Owens	Mart	in								Park			6
20a. METNOD OF DISPOSITI	ION	CONTRACTOR OF THE PARTY OF THE	20b.PLACE	AND DATE	OF DISPOS	SITION (Ne			DATE		CATION -		
1 N Burlel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem (Specify)	oval from State	cemetery, cre	emalory or o	ther placel				21	-	LAN		
21. SIGNATURE OF TUNETON		ENSEE	0200	, oran	22.	NAME AN	D ADDRES	SS OF FAC	CILITY				
23. PART I. Inter the di	u.	~									ie Hwy. ark MD211		
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart tallure.	List Dnly one cat	(OR AS A CONSE	e.									Approximate interval Betw Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE O	F):	nu'	hu	l'ele	tenj				Syen
PART II. Other eignifica	~	contributing to	cold	· .	In the ur	nderlylng	cause o	lvan in i	Pert I.	24a. WAS AN PERFOR 1 YES 2	RMED?	241	AWAILABLE PRIOR TO COMPLETION OF CAUSOF DEATN?
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATN (Che	ck only one)			
EXAMINER?		HOSPITAL:	ER/Outpation 1	004	OTHER	R:	0.1	,					
27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TIN	_	alng Nom		sidence (8 Other	(Specify)	N.IIIBY OF	Cliber	
		(Month, D			JURY M	WO	RK?	NO	200. DES	OTHER HOW I	INJURY OC	COMED	
Natural 5 Pending 2 Accident Investigation					atreet, fact			, ,,,	284 1.004	TION (Press)	and North	. o. f	Route Number
2 Suiolde	Could not be detarmined	building,	atc. (Specify)	,		y, ome				r Town, State)		or MUNIN	rioute Number,
3 Suicide 8 🖂						ime, date	and place,	end due	to the caus	se(a) and mar		do.d	
3 Suicide 8 0 4 Nomicide 6 29a. CERTIFIER 1 CERT	IFYING PNYSI	CIAN: To the best of a											e) and manner as state
3 Suicide 8 0 4 Nomicide 6 29a. CERTIFIER 1 CERT	IFYING PNYSI	R: On the beals of a					eath occur		lime, date		d dua to t		e) and manner as stated
3 Suicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MEDI	IFYING PNYSI	R: On the beals of a					eath occur	NSE NUM	lime, date		d dua to t	he cause(

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d within 24 hours after death. Page 6 may be retained by the hospital or attending physic	mpletely filled in by the funeral director, page 5 should be detached for use as the burial cemation, or removal.	event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND DEATH	MENTAL	. HYGIENE REG. NO.	- 00000
_		1. DECEOENT'S NAME (First, Middle, Last)	A. Px	111	15		2. DATE MONTH	DE DEATH DAY	YEAR 3. TIME OF DEATH
(P)	4. SOCIAL SECURITY NUMBER 218 01 9 9 22	1 - M 2 XF 8	'in yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	DE BIRTH Day, Year) 3-1907	B. BIRTHPLACE (State or Foreign Country)
2.3	ЕСТОЯ	90. FACILITY NAME (If not institution, give str CHURCH HOSPIT	TAL CORPOR	KATION		LTI MOI		CITY 96. COUNT	TY OF DEATH
Pages 1.	DIREC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT		Λ	-/	10d. INSIDE CITY
nsit permit.	FUNERAL	10e. STREET AND NUMBER	OWOOD	AVE.		ZIP CODE	ch 1	10g. CITIZE	EN OF WHAT COUNTRY?
ling physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER IN	U.S. ARMED	13. WAS OEC	ocify Cuben, Mexice	n, Puerto R	? (Specify Yee or No	14. RACE — American Indian, Black, White, etc.
as	ED	15. DECEOENT'S EDUCA (Specify only highest grade of	ATION completed)	16e. DECEOENT'S (Give kind of w life. Do NOT use	USUAL OCCUPATIO	ON	16b.	KINO OF BUSINESS/INDU	DOHITE
retained by the hospital or att 5 should be detached for use notified at once.	COMPLET	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	HOUSE	9				
ould be de	BE	GEORGE 190. INFORMANT'S NAME (Type/Print),	MACH	105 MAU INC	ADADERO (O	ANNA	B	Iddle, Maiden Surreme) DEBIEU	OSKA
ay be retained page 5 should t be notified	5	SEORGE A	MPKE	960.	3 HAR	Number or Rural	AVE	BALTO.	MO. 21234
Page 6 ma al director, I ner must		Burlei 2 Cremetion 3 Remove Phonetion 5 Other (Specify)	val from State	Holy Re	22 NAME AN	CEH I	30-9	BALTO	(O. M).
24 hours after death. Page 6 m filled in by the funeral director, on, or removal. he medical examiner must	Ц	· Thomas J.	Akardo h		SKAI	DA FA	1.2	829 HUDS	2/224 ON ST.
within 24 opletely fill cremation, rent, the		23. PART I. Enter the diseases, or co shock, or heart fallura. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on ea	the death. Do not ach line. The death of the consequence of the conse				ac or respiratory arres	Approximate Interval Between Onset and Death
te death certificate be executed the attending physician and com Mertal Hygiene prior to burial, jury, or other traumatic evilory,	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	UROSE	CONSEQUENCE OF	15	monu			
by the atte by the atte and Mental	CAL CE	PART II. Other significant conditions	contributing to death bu	It not resulting in	the underlying	csuse given in	Pert I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
OR ATENDING PHYSICIAN: The law requires the DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health attem 28 is marked, or item 23 shows any	MEDI						_ _	1 PES 2 PHO	CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN: The striffcate has be State D	PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF OEATH (Che			
NDING PHYSIC R: After this ce ir death with the Is marked,	ву Рн	27. MANNED OF CEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 26c. INJU	IRY AT		RIBE HOW INJURY OCCUP	RED
RATTENDIN RECTOR: Af ITS after de ITM 28 IS F	ETED	3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, ferm, at	reet, fectory, office		28f. LOCAT	TION (Street and Number or Town, State)	Rural Route Number,
	COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the basis of examination	edge, death occurred	st the time, date e	and piece, and due	to fhe ceus	e(e) end menner se stated, nd place, and due to the c	couse(e) and manner se stated.
TO THE HOSPITA TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	er and			29c. LICENSE NUM			GIGNEO (Month, Ohy, Year)
	۴	SO MANNE AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEA	TH (ITEM 27) Type, I	OAZV	voy.	Boc	To and	1-11-
1		JAN 29 '92	32. REGISTRAR'S SIGNA	TURE Vidson-Panel	all.	-			

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Violet Virginia Roberts Robert	. TIME OF DEATH
4. SOCIAL SECURITY MUMBER 1. SEX 1.	
217-34-0143 In MATTER MANE (Find or Institution, plus sheet and America) In MATTER MAN (ADDRESS TO LICE DEST) In MATTER STATE In MATTER ST	8:36 I
SECULTY NAME of not healthclore, give absets and numbers TRESTORENCE OF DECEMBEN 16. STREET AND NUMBER REL. 925S, BOX 107 17. MANTAL STATUS 18. NAME TATUS 19. NAME STATUS ginia	
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IN. STREET AND NUMBER Rt. 9255, BOX 107 IT. MARTASTATUS IT. M	LIMITS?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PONCES? 1 YES 2 NO 13. WAS DECEDENT CONTINUED TO HISPANIC ORIGIN? (Specify Yw or No— 14. PACE— Bleck, 17. WAS DECEDENT S EDUCATION 15. DECEDENTS EDUCATION 16. DECEDENTS EDUCATION 16. DECEDENTS EDUCATION 16. DECEDENTS EDUCATION 17. FATHER'S HAME (First, Middle, Marides or No- 17. FATHER'S HAME (First, Middle, Marides or No- 18. DECEDENTS USUAL OCCUPATION 18. MOTHER'S NAME (First, Middle, Marides Surgering) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street and Number or Paul Riches Number, City or Now, State, 25 Code) 19. MAILING ADDRESS (Street And Number or Riches Street, Number, Number or Number, Number or Number, Numb	
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Type Secondary	- American Indian, White, atc.
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Housewife Home Ho	
Arthur R. Duke Myrtle Irene Williams 198. MALUNO ADDRESS (Street and Number or Rust (Route Number, City or Rust). Security Secu	
Arthur R. Duke Myrtle Irene Williams 198. MAILING ADDRESS (Street and Number or Numit Poulin Number, City or News, State, 250 code) William Roberts 198. MAILING ADDRESS (Street and Number or Numit Poulin Number, City or News, State, 250 code) Rt. 7, Box 45A, Waldorf, Md. 20601 208. PLACE AND DATE of DISPOSITION (Name of Control of Number of Control of Number of Control of Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Poulin Number of Numit Pouling Pouling Number of Numit Pouling Pouling Number of Numit Pouling Pouling Number of Numit Pouling Number of Numit Pouling Number of Numit Pouling Number of Numit Pouling Number of Numit Pouling Number of Numit Pouling Number of Numit Pouling Number of Number of Numit Pouling Number of Numit Pouling Number of Numit Pouling Number of Number of Number of Number of Number of Number of Numit Pouling Number of Number	
William Roberts Rt. 7, Box 45A, Waldorf, Md. 20601 20s. METHOD OF DISPOSITION Chemation 3 Removal from State Chemation 5 Chematic 5 Chema	
20a. METHOD OF DISPOSITION 1 Name 20b. PLACE AND DATE OF DISPOSITION (Name observative remarks) of other processing and proces	
Majoration Commonwhitten	
22. NAME AND ADDRESS OF FACILITY HUNTT Funeral Home Benjamin Matthews M00658 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. Liet only one ceuse on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) A CONSEQUENCE OF: Charles Obertacles Of Control of	
Benjamin Matthews M00658 Huntt Funeral Home P	VA
Benjamin Matthews M00658 P. Box 156, Waldorf, Md. 2060/ 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. Liet only one ceuse on sech line. IMMEDIATE CAUSE (Finel diseases or conditions) Requentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CO	
23. PLACE OF DEATH (Check only one) 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural Seeding to Impediate to Contributing to deeth but not resulting in the underlying ceuse given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. DATE OF INJURY (Minif), Boy, Ner) 26. DETRIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as stated. Cores. 26. CERTIFFING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and menner as stated. 27. MEDICAL EXAMINER: On the basal of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)	4-0156
PART if. Other algnificant conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 28a. DATE OF INJURY AI home, farm, street, factory, office 28c. INJURY AT WORK? 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY AI home, farm, street, factory, office 28d. OESCRIBE HOW INJURY OCCURED 1 OF TWO INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OCCURED 1 OF TWO INJURY OC	
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1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF CEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 2 Accident 3 Suicide 8 Could not be determined 2 ER. DATE OF INJURY AI home, farm, street, factory, office 286. DATE OF INJURY WORK? 1 YES 2 NO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 3 Suicide 8 Could not be determined 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 3 Suicide 8 COUNT OF INJURY OCCUREO 286. DATE OF INJURY OCCUREO 3 OCCURRO 3 OCCUR	
Natural Natural	
3 Suicide 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State)	
(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)	
	oute Number,
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (
B 2 D-33426 ► 1-24	and manner as state
30. NAME AND ADDRESS OF PRESON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	and manner as state Month, Day, Year)

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

6

		FOR
1	-	STATE
•		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70.27				4
0	0 -	. 1	2-	100
per par	d	V	35	65

1 - STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	42	-03565
1. DECEDENT'S HAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
Coffa, N, Ruzi	nus COFF	A N. RAZM	US	01 29	92	4.30A
			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
218-056368	1 M 2 7	74 YRS.	IONTHS DAYS HOURS MIN.	2/27/17		Maryland
9a FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN OR LOCATION OF D		COUNTY OF	
Howard County Gen	eral		Columbia		Howar	rd
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. IHSIDE CITY
Maryland Howar	d	F1	licott City			LIMITS?
10e. STREET AHD NUMBER		1 52	101. ZIP CODE	10	g. CITIZEN OF	WHAT COUHTRY?
3004 N. Ridge Roa	d. Apt. 206		21043		U.S.A.	
	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECEMBENT OF HISPA	NIC ORIGIH? (Specify Yea or	Ho 14. BAC	CE — American Indian,
1 Never Merried 2 Merried 3 W Widowed 4 Divorced	FORCES? 1 YES	DATES HO	If yes, specify Cuban, Mexic 1 TES 2 NO Speci		Spe	ck, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIHD OF BUSIHE	SS/IHDUSTRY	
Elamentery/Secondery (0-12)	College (1-4 or 5+)	- 4	rk done during most of working retired.)			
		Salespe	rson	May Com	pany	
17. FATHER'S HAME (First, Middle, Last)			16, MOTHER'S H	AME (First, Middle, Malden Sun	nama)	
Clarence G. K	emp		Alice	C. Shook		
19a, IHFORMAHT'S HAME (Type/Print)		19b. MAILIHG A	ADDRESS (Street and Number or Rural	Route Number, City or Town, S	tate, Zip Code)	
Joseph L. Razmu	_	9746 G	ingerwood Dr.	Ellicott Cit	Lv Md	21042
20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remove	cet from State	b. PLACE OF DISPOSIT	TION (Name of cemetery, crematory or	20c. LOCAT	IOH — City or 1	Town, Stata
4 Donation 5 Other (Specify)		Parkwood	Cemetery	Balt		
21. SIGHATURE OF FUHERAL SERVICE LICE	HSEE		22. HAME AND ADDRESS OF F	ACILITY	HOME	
Daving 7	1. 11) 1/26		4112 Old Cols			City Md 21
23. PART I. Enter the diseases, or co						Approximete
ahock, or heart fallure. L.	st only one cause on	each lina.	a contact the mode of dying, so	on an control of respirati	ory arroad,	Intarval Between
IMMEDIATE CAUSE (Final disease or condition		1.10				Onset and Dear
resulting in death)	COMMY DUE TO (OR AS	A CONSECUTIVE OF	en			GYR
	O accept to the As	a ho to by	1,			
Sequentially list conditions, b.	CM gent or	A CONSEQUENCE OF	. 1907 2			642
CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A COHSEQUENCE OF				1 an
resulting in desth) LAST	Heatal					1 da
d.	119 10 10 10					10
PART II. Other aignificant conditions	contributing to death	but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AU		b. WERE AUTOPSY FINDING
				1 YES 2 2		COMPLETION OF CAUSE OF DEATH?
					4-	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)		
	HOSPITAL:		OTHER:	8 Other (Specify)		
27. MANHER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW INJU	RY OCCURED	
1 Natural 6 Pending	(Month, Day, Year)	HJU	M 1 YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF IHJUF	RY — At home, farm, st		28f. LOCATIOH (Street and	Number or Rura	if Route Number.
4 Homicide 8 Could not be	building, etc. (Sp	necify)		City or Town, State)		
29a. CERTIFIER A CONTROLLO SUNDIO						
(Check only			d at the time, date and place, and de			
2 MEDICAL EXAMINER	: On the beels of axaminati	ion and/or investigation	, in my opinion, death occured at th	ne time, data and placa, and d	lus to the cause	e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	. ^		29c, LICENSE N	UMBER 2	d. DATE SIGNE	ED (Month, Day, Year)
Tota E. Xn	ny mo		MDH D	37155	1/2	9/02
30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type,	truck PKWy	Collecto	mi	2/844
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE	The May	(0/0-105)	1111)	-1017
JAN 3 1 '92	Julia Da	vidron-Randa	02.			

the same of the sa 0.2-1-50

TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STREET AND NUMBER 1047 St. Margaret 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade) Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOO OF DISPOSITION 70 Burlet 2 Cremetton 3 Remo	ArundEl S Dr. 12. WAS DECEDENT EVER FORCES? 12 YES IF YES, GIVE WAR OR WWII Completed) College (1-4 or 5+)	IN U.S. ARMED 3 2 NO DATES 196. DECEDENT (Give kind o o kite. Do NOT SECURIT	9b. CITY, Per 13. W If 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF CYVIILE R LOCATION S 101. ZIP CODE 21401 RS DECENDENT OF HISP yes, specify Cuban, Mext VES 2 M NO Spec CUPATION Lining most of working 16. MOTHER'S P	ANIC ORIGIN? (Scen, Puerto Ricar Press, Puerto Ricar N/a	CY 25, 19 INSTITUTE (No. 1) Per CY 25, 19 Per CY	92 10 S. BIRTHPLACE Country Mary ITY OF OEATH 10d. 1 □ Ten OF WHAT OF Specify: V USTRY	INSIDE CITY LIMITS? YES 2 NO COUNTRY?
TO BE COMPLETED BY FUNERAL DIRECTOR	216 01 7551 De. FACILITY NAME (If not institution, give step of perrypoint V.A. HRESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STREET AND NUMBER 1047 St. Margaret 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 190. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOO OF DISPOSITION 70 Buffel 2 Cremetton 3 Remote	In M 2 F 8 Interest and number) IOSPITAL ARUNGEL S Dr. 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR WWII CATION Completed) College (1-4 or 5+)	IN U.S. ARMED 3 2 NO DATES 196. DECEDENT (Give kind o o kite. Do NOT SECURIT	9b. CITY, Pel STY, TOWN OF Napoli 13. W If 1 'S USUAL OCC of work done du use retired.) Ty Gua	TEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF CYVIILE R LOCATION S 101. ZIP CODE 21401 RS DECENDENT OF HISP yes, specify Cuban, Mext VES 2 M NO Spec CUPATION Lining most of working 16. MOTHER'S P	ANIC ORIGIN? (Seen, Puerto Ricer) 16b. KIN PT AME (First, Midda N/a	10g. CITIZ U.S. D OF BUSINESS/INDU	6. BIRTHPLACE Country) Mary ITY OF OEATH 10d. 1 □ 2EN OF WHAT OF 14. RACE — Ar Bleck, White Specify:	INSIDE CITY LIMITS? YES 2 NO COUNTRY?
TO BE COMPLETED BY FUNERAL DIRECTOR	Perrypoint V.A. H RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD Anne 10e. STREET AND NUMBER 1047 St. Margaret 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced (Specify only highest grade. Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Byperprint) Carol Ann Byperprint 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20 BUTTON OF DISPOSITION OF DISPOS	ArundEl S Dr. 12. WAS DECEDENT EVER FORCES? 15 YES, GIVE WAR OR I WWII Completed) College (1-4 or 5+)	IN U.S. ARMED 3 2 NO DATES 190. DECEDENT' (Give kind or kind or kind or kor) Securi	Per HTY, TOWN OF Napoli 13. W If 1 13. W If 1 15. USUAL OCC If work done di user refired.) ty Gua	R LOCATION S 101. ZIP CODE 21401 MS DECENDENT OF HISP yes, specify Cuban, Maxi VES 2 M NO Specified Morking CUPATION and 16. MOTHER'S P	ANIC ORIGIN? (Sicen, Puerto Ricar pity: 16b. KIN Pr HAME (First, Middle N/a	Cec 10g. CITI2 U.S. Decity Yee or No— D OF BUSINESS/INDU	10d. 10d. 1 CO. 2EN OF WHAT (CO.) 14. RACE — Ar Black, White Specify:	VES 2 NO COUNTRY? mericen indien, ite, etc.
TO BE COMPLETED BY FUNERAL	THE SIDENCE OF DECEDENT 10e. STATE 10e. COUNTY MD Anne 10e. STREET AND NUMBER 1047 St. Margaret 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOD OF DISPOSITION 7 Burlet 2 Cremetion 3 Remote	ArundEl S Dr. 12. WAS DECEDENT EVER FORCES? 12 YES IF YES, GIVE WAR OR WWII CATION Completed) College (1-4 or 5+)	IN U.S. ARMED 3 2 NO DATES 190. DECEDENT' (Give kind or kind oo NOT SECURII	13. W 13. W 15 15 15 15 15 15 15 15 15 15 15 15 15	IOCATION 101. ZIP CODE 21401 RS DECENDENT OF HISP yes, specify Cuban, Maxin VES 2 NO Specification Lifting most of working 16. MOTHER'S P	16b. KIN Pr HAME (First, Middle N/a	10g. CITIZ U.S. Secify Yee or No.	ZEN OF WHAT OF SOCIETY	VES 2 NO COUNTRY? mericen indien, ite, etc.
TO BE COMPLETED BY FUNERAL	1047 St. Margaret 1047 St. Margaret 11. Marital status 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade) Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOO OF DISPOSITION 5/2 Burlet 2 Cremetton 3 Remote	S Dr. 12. WAS DECEDENT EVER FORCES? 17 YES IF YES, GIVE WAR OR WWII CATION completed) College (1-4 or 5+)	IN U.S. ARMED 3 2 NO DATES 160. DECEDENT (Give kind or kind. Do NOT) SECUTI	13. W If 1 1: 'S USUAL OCC of work done du use refired.) ty Gua	101. ZIP CODE 21401 RS DECENDENT OF HISP yes, specify Cuban, Mext VES 2 M NO Spec CUPATION uting most of working 16. MOTHER'S I	16b. KIN Pr HAME (First, Middle N/a	D OF BUSINESS/INDU	1	VES 2 NO COUNTRY? mericen indien, ite, etc.
IO BE COMPLETED BY	1047 St. Margaret 11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade) Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOO OF DISPOSITION 5/2 Burlet 2 Cremetion 3 Remote	12. WAS DECEDENT EVER FORCES? 17 YES IF YES, GIVE WAR OR ! WWIII CATION completed) College (1-4 or 5+)	160. DECEDENT' (Give kind or life. Do NOT Securi	'S USUAL OCC I work done do use relired.)	21401 RAS DECENDENT OF HISP The season of the season of	16b. KIN Pr HAME (First, Middle N/a	D OF BUSINESS/INDU	14. RACE — Ar Black, White Specify:	mericen Indien, ite, etc.
to be compreted by	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade: Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20e. METHOD OF DISPOSITION 5/2 Burlet 2 Cremetton 3 Remote	12. WAS DECEDENT EVER FORCES? 17 YES IF YES, GIVE WAR OR ! WWIII CATION completed) College (1-4 or 5+)	160. DECEDENT' (Give kind or life. Do NOT Securi	'S USUAL OCC I work done do use relired.)	AS DECENDENT OF HISP yes, specify Cuban, Mext VES 2 M NO Spec CUPATION uring most of working 16. MOTHER'S P	16b. KIN Pr HAME (First, Middle N/a	D OF BUSINESS/INDU	14. RACE — Ar Black, White Specify: V	te, etc.
	(Specify only highest grade: Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest) N/A/ 19e. INFORMANT'S NAME (Type/Frint) Carol Ann Buttrum 20e. METHOO OF DISPOSITION 5/21 Burlet 2 Cremetton 3 Remo	CATION completed) College (1-4 or 5+)	Securi	ty Gua	aring most of working ard 16. MOTHER'S P	Pr N/a	ivate Co.	USTRY	white
	17. FATHER'S NAME (First, Middle, Last) N/A/ 19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOD OF DISPOSITION 5/2] Burlet 2 Cremetton 3 Remote	College (1-4 or 5+)	Securi	ty Gua	16. MOTHER'S P	N/a N/a			
10 85	N/A/ 190. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 200. METHOO OF DISPOSITION 15/21 Burlel 2 Cremetlon 3 - Remo		19b. MAILIN	G ADDRESS	16. MOTHER'S I	N/a N/a			
2	19e. INFORMANT'S NAME (Type/Print) Carol Ann Buttrum 20a. METHOD OF DISPOSITION 5/2 Burlet 2 Cremetton 3 Remo								
	Carol Ann Buttrum 20a. METHOO OF DISPOSITION 5© Burlel 2 □ Cremetion 3 □ Remo				(Comes and Mumber on Ph.	10			
	5€ Buriel 2 Cremetion 3 ☐ Remo	20		St. Ma	rgarets Dr				11
		oval from State CO.	b. PLACE AND DATE	E OF DISPOSIT	TION (Name of	OATE	20c. LOCATION — C		
	4 Donetion 5 Other (Specify)	N	1 Vetera	ans Ce	metery AME AND ADDRESS OF	1/28	Crownsvi	lle, M	<u> </u>
	· (be a	Brun			rranco Fun		495 Ri	tchie	Highway
	23. PART I/Enter the diseases, or contact to the co	omplicatione that ceuse	d the deeth. Do	not enter ti	he mode of dying, su	ch as cardlec	or reaplratory arre	st,	Approximete
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and interpretation of the condition of								Intervel Betwee Onset and De
	reaulting in deeth)		TELOCIC		ovascular (isease			
2	Sequentielly list conditione, if any, leading to immediate	equentielly list conditions, Chronic decubitus ulcer of hips							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	. Dementia							
	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
- II 1	PART II. Other eignificent conditions	e contributing to deeth i	but not resulting	In the und	erlying cause given in	7 Part I. 24s.			AUTOPSY FINDING
DICA							PERFORMED? YES 2XXNO	COMP	ABLE PRIOR TO PLETION OF CAUSE EATH?
ME								10	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	heck only one)			
2	1 TES 2XXNO	HOSPITAL: 1 X Inputient 2 ☐ ER/Out	patient 3 🗆 OOA	OTHER:	ng Home 5 🗆 Reeldence	6 Other (Spe	city)		
2	17. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year)	26b. TH	ME OF 2	8c. INJURY AT WORK? 1 YES 2 NO	26d, DESCRIB	E HOW INJURY OCCU	JREO	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, icify)	, street, fector	y, office	261. LOCATION City or Tox	(Street end Number o vn, State)	or Rural Route N	lumber,
COMPLET	9e. CERTIFIER (Check only one)	CIAN: To the best of my know	viedge, death occur	rred at the time	e, date end place, end du	e to the ceuse(e)	end menner se stated	d.	
8	9b. SIGNATURE AND TITLE OF CERTIFIER	R: On the beele of examination	on end/or investigati	lon, in my opi	nion, death occured at th	e time, date end p	plece, end due to the	ceuse(s) end n	menner ee stated.

M.D., VA Medical Center, Perry Point, MD

NG PHYSICIAN: The law requires that the death certificate be executed within	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal branch permit. Process 1, 2, 3 at heart with the State Deut, of Health and Mental Hydiene prior to burnal, cremation, or remoral.	jury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit he find within 72 hours after neath with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MARYL				MENTAL HYGIEN	92	03567
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	Charles		naub	DEATH	2. DATE OF DEATH MONTH 01 27		3. TIME OF DEATH 7:00 P
	4. SOCIAL SECURITY NUMBER 212-30-4507	8. SEX 6. AGE	(In yrs. lest birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 12-16-19:	8.	BIRTHPLACE (State or Foreign Country) Maryland
TOR	94. FACILITY NAME (If not institution, give a St. Joseph Hospi RESIDENCE OF DECEDENT	THE STATE OF THE S			OR LOCATION OF DE	АТН	9c. COUNTY Ba.	of DEATH Ltimore
DIRECTOR	10a. STATE 10b. COUNT Maryland E	y Baltimore	10c. CFI	TY, TOWN OR LOCA	Upperco)		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	17730 Falls Road			1	H. ZIP CODE 2115	55		JSA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DE If yes, s 1 YE	CENDENT OF HISPAR pecify Cuban, Maxica S 2 NO Specif	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	a or No — 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th grade	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPAT work done during n rise retired.)		186. KIND OF BU		ne Corp.
BE CON	17. FATHER'S NAME (First, Middle, Last) James W. Schaub					ME (First, Middle, Maldee ny P. Crea		
10	198. INFORMANT'S NAME (Type/Print) Lorretta M. Scha	ıub				Poute Number, City or Tox		
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	20 aoval from State	other place) Salem (SITION (Name of c	emetery, crematory or			y or Town, State
	21. SIGNATURE OF FUNGRAL SERVICE LI	W. Elis	e		S. Main S	Eline		al Home d, Md. 21074
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	each line.	Condi	. /	Lanche dase		t, Approximeta interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant condition Ly for Ly page	elenses	but not resulting	in the underlyl	ng cause given in		RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/			
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COMPLET	200	SICIAN: To the best of my kno ER: On the basis of examinati						cause(s) and manner as stated.
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	in M.p			29c. LICENSE NU			SIGNED (Month, Day, Year)
-	HAMPST	BAD M	ARY	LAND	2/07	4	/	
	JAN 30 92	JUNE DELTAS SIG	enature fundable					

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DHMH-16 Rev 1/89

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	,			ICATE OF	DEATH	2. DATE OF			3. TIME OF DEATH
	Joseph	Wade Smit	h				MONTH 1	14	92	8:15 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	BIRTH Dev. Year)	8. BIRT	HPLACE (State or Forei
	202-24-0101	1 M 2 F	82	YRS.		335.555	1/1	5/09		Pa.
·	9a. FACILITY NAME (If not institution, give					OR LOCATION OF C	EATH		COUNTY OF	
ECTO	Salisbury Nursing HOme Salisbury, Md. Wicomico									
DIREC	10e. STATE 10b. COUN			10c. CITY, TOWN OR LOCATION				10d. j		
	Va. Acc	comack		S	anford	Of, ZIP CODE		Lo		1 X YES 2 N
RA	Shad Landin	n Dd			23426			100	WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A	ARMED 13. WAS DECENDENT OF HISPANIC OR						
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		MAR OR DATES	NO		specify Cuben, Mexic S 2√∑ NO Spec				
ED B	15. DECEDENT'S ED	WW -		FOFDELITIE	USUAL OCCUPAT	76				White
H	(Specify only highest grades) Elementary/Secondary (0-12)		(1		work done during n		160. K	IND OF BUSINE	SS/INDUSTRY	
립	10	College (1-4 or 5	**	N.A.	S.A.			Space		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		•			18. MOTHER'S N	AME (First, Mid		eme)	
BE	Kaleb Wade	mith						ard Smi		
2	19a. INFORMANT'S NAME (Type/Print)		19			end Number or Rura				00110
	Gregory Smith		205 81 4 0		E OF DISPOSITION	203 - Ter		20c. LOCATI		
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetar	y, cremator	y or other place)	Cemeter	1/17	A2_Tem	nerano	eville,
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE)	7 14	22. NAME	ANO ADDRESS OF F	ACILITY			
	· Tom//1	100:	_/		Wi			k F.H. Va. 234		Box 218
RTIFICATION	Sequentielly list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSI	EQUENCE C	70N					
EDICAL CE	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. LISTON CHRONIC DEPRESSION 1 YES 2 M							0?	Bb. WERE AUTOPSY FIN AVAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	
	HOSTAS ILEUS US, SM Bowel Obstitue									1 🗌 YES 2 🕞 🦬
2		T			26.	PLACE OF DEATH (C	theck only one)			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DOO	HOSPITAL: • 1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER: Nursing He	ome 6 - Residence	6 🗆 Other (Specify)		
PHYSICIAN: M	EXAMINER?	1 □ Inpatient 2 28e. DATE O (Month,	ER/Outpatient FINJURY Day, Year)	26b. TH	ME OF JURY M 1	NJURY AT WORK? YES 2 NO	26d. DESC	RIBE HOW INJU		
ED BY PHYSICIAN: M	EXAMINER? 1 VES 2 SHO 27. MANNER OF DEATH 1985 Natural 5 Pending	1 Inpatient 2 28e. DATE 0 (Month,	☐ ER/Outpatient F INJURY	26b. TH	ME OF JURY M 1	NJURY AT WORK? YES 2 NO	26d. DESC 261. LOCAT			I Route Number,
ED BY PHYSICIAN: M	EXAMINER? 1 YES 2 DATO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE O (Month, 1) 28e. PLACE building	ER/Outpetlent FINJURY Day, Year) OF INJURY — At P. J., etc. (Specify) of my knowledge, (26b. Til	Nursing Home OF 28c. I NURY M 1 Castreet, factory, of	NJURY AT WORK? YES 2 NO Notice	26d. DESC 26t. LOCAT City or	FION (Street end Town, State)	Number or Rura	
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	FOR 1 - STATE	STATE OF MARY	LAND / DEPART	MENT OF H	IEALTH AND	MENTAL HYGIE	NE 9	2 03569			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	HARLAN ST		CATE OF	DEATH	REG. N 2. DATE OF DEATH MONTH		3. TIME OF OEATN			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 225-48-3734 9e. FACILITY NAME (If not institution, give s	3 YRS.	F UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8 V	BIRTHPLACE (State or Foreign Country) IRGINIA				
	PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL PENINSULA GENERAL HOSPITAL SALISBURY WICOM:										
		OMACK CO.		CHURCI		10d. INSIDE CITY LIMITS? 1 1 YES 2 1					
		ORD HIGHW	AY	101	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY U.S.A.						
ΒY	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OR	S 2 YNO	If yes, sp	ENDENT OF HISPA ecify Cuben, Maxic 2 NO Speci	ENT OF HISPANIC ORIGIN? (Specify Yee or No—Cuben, Maxicen, Puerto Ricen, etc.) NO Specify: WHIT:					
BE COMPLETED	15. OECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) GRAD . llth.	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo	ork done during mo retired.)	DN st of working	166. KIND OF BUSINESS/INOUSTRY PRODUCE					
	17. FATNER'S NAME (First, Middle, Last) CHARLES S. SMITH 18. MOTNER'S NAME (First, Middle, Meiden Surreme) BLANCHE STEVENSON										
0	190. INFORMANT'S NAME (Type/Print) MRS. HELEN JONES SMITH 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RT 1, 8 C NEW CHURCH, VA 23415										
	20a_METNOD OF DISPOSITION 1 Deurlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of cametary, crematory or other place) 1 Downston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 20b. PLACE AND DATE OF OISPOSITION (Name of cametary, crematory or other place) 1992 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF OISPOSITION (Name of cametary, crematory or other place) 20c. LOCATION — City or Town, State 22c. NAME AND ADDRESS OF FACILITY 20c. LOCATION — City or Town, State 22c. NAME AND ADDRESS OF FACILITY 20c. LOCATION — City or Town, State 22c. LOCATIO										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	OUE TO (OR AS	ALLE A CONSEQUENCE OF):	et enter tha mo				t, Approximete Interval Between Onsst and Death			
1	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24e. WAS AN AUTOPSY PIN AMILABLE PRIOR TO COMPLETION OF CALOR OF DEATH?										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
à	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	28b. TIME	OF 28c, INJL WOI 1 Y	JRY AT RK?	IK?					
COMPLETED	4 Nomicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC	CIAN: To the beat of my kno	wledge, death occurred	at the time, date	end place, end due	to the cause(e) and m	nner se steted.	euse(s) end menner ee atated.			
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER JULY 2019 30. NAME AND ADDRESS OF PERSON WHO				29c. LICENSE NUI	MBER		GNED (Month, Day, Year)			

SAUISMUNY

Ste J RIJERSINE D 32. REGISTRAR'S SIGNATURE Juha Davidson-Randesa

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	al-transit
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ATTEND	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TAL OR	VAL DIRI
HOSPI	FUNER
あま	TO THE

	ken r	92-0386-	027											92	0357
		FOR STATE		STATE OF I							MENT/	AL HYGIEN	E	26	0337
G		HEGISTHAR		CERTIFICATE OF DEATH						REG. NO.					
	1	1. DECEDENT'S NAME (First, Middle, Last)										MONTH DAY YEAR			TIME OF DEATN
	7)	Martin Burke			6. AGE (In yrs	i van	IF UNDER	1 YEAR	IF UNDER	D DA HING	0 1	2.5 E OF BIRTN	19		1: 15 a M
	1	212 32 8885	212 32 8885 IEM2 F 62			YRS.	MONTHS	DAYS	HOURS MIN.		January 10		0'30		York
3 should		Se. FACILITY NAME (If not institution, give etreet end number)					9b. CITY, TOWN OR LOCATION OF O							ITY OF OEAT	
S. S. S. S. S. S. S. S. S. S. S. S. S. S	- HO	13183 Hig	13183 Highland Road				C1	ark	svi	11e			HOW	ard	
	[급	RESIDENCE OF DEC					10c. CITY, TOWN OR LOCATION								4 INDIDE OFFI
2	DIRECTOR	Maryland	Howa	ard			Clarksville								d. INSIDE CITY LIMITS? YES 2 1 NO
bermit Dermit		10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN OF W			
physician. burial-transit permit. Pages 1,	FUNERAL	13183 Highl:	and Ro	ad					20	0777				U.S.	A.
ysicia ırial-tr	5	11. MARITAL STATUS 1 Never Married 2	Mareland	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF NISPAN	NIC ORIO	IN? (Specify Yea	or No-	14. RACE —	American Indian, Thite, etc.
the br	à l	3 Widowed 4 Divor			MAR OR DATES		If yes, specify Cuben, Mexica 1 TES 2 NO Specif								White
attending physician. se as the burial-tran			DENT'S EOU		18e.	DECEDENT'S	ECEDENT'S USUAL OCCUPATION 145 KIND OF BUSINESS (INDUSTRY								
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hospital ached for	COMPLETED	223 1100			C	onstr	uctio	n S	up't	•					
de de	COM	17. FATHER'S NAME (First, Mic							18. MOT		ME (First, bra	Middle, Maiden			
od bu		19a. INFORMANT'S NAME (IM										Harr	•		
5 should	2	Mrs Anke S		ın		13183	High	1 and	d Rd	Clas	Route Nu rksv	nber, City or Tow	n, State, Zip	Code)	
may be		Mrs Anke Sullivan 13183 Highland Rd Clarksville Md 20777 20a. METNOD OF CISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										State			
e 6 ma ector, p		1 Buriel 2 Excremation 3 Removal from State 4 Donation 5 Other (Specify) Catonsville Md													
death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
ter death. Page 6 may be the funeral director, page yval.		Harry H Witzke Funeral Home Inc													
# 3 E		23. PART I. Enter the disease or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart reduce. List only one cause on each line. Approximate intervel Between													
		ahock, or heart failure. List only one cause on each line. Intervel Between Onset and Daeth Onset and Daeth													
- 23 +		disease or condition a. Mulliple Injuries													
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executed within and completely o burial, crema		Sequentially list conditions,													
or to	ΑŢ	or the common of													
ertificate ing phys giene p	윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
OPT	CERTIFICATION	resulting in death) LAST													
0 . 6 .	2	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
~ 0 =	. ₹	244. WAS AN AUTOPSY PERFORMED?									MILABLE PRIOR TO MPLETION OF CAUSE				
signed Health	MEDICA											1 YES 2	NO	OF	DEATH?
w requires been sign rt. of Heal														34	YES 2 NO
OR ATTENDING PHYSICIAN: The law requires that the OIRECTOR: After this certificate has been signed by vovar after death with the State Dept. of Health and vovar 28 is marged of the Marin 29 shows any 1.		25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. Pt	ACE OF D	EATH (Ch	eck only o	one)			
rifficate h	Sic	1 DYES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		ie 5 □ Re	eldence	aX Oth	er (Specify) i	n ya	rd	
PHYSIC this cer	PH	27. MANNER OF DEATH	Security 2	28e. DATE OF (Month, E		28b. TII	IE OF JURY	28c. INJ WO	URY AT			SCRIBE NOW II			+ CHEST
DING PHYS After this death with	B≺	20 Accident In	ending nvestigation	01 25	1992		:00A		YES 2] NO	Sub	falli		ree	n head branch
TTEND TTOR: A after d			could not ba	28e. PLACE C building,	of INJURY — At etc. (Specify)	home, ferm,	street, fact	ory, offic	•		28f. LO	CATION (Street e y or Town, Stete)	and Number	or Rural Rout	e Number,
OR ATTENDING DIRECTOR: After hours after death	<u> </u>	29e. CERTIFIER	ollic de la				·								
RAL CANAL TAL	COMPLET	(Check only		CIAN: To the best of											d menner se steted.
TO THE HOSPITAL OF THE FUNERAL D be filed within 72 hours and the filed within 72 hours are the fire t	8	296-OTGNATURE AND THE			A STATE OF S	or investigati	oir, an my o	pimon, a				le end plece, en			
HE SHE	H	11	OF JEAN PRE	SH						ENSE NUM					onth, Day, Year)
F E 2 3	2	OU. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAU	SE OF DEATH_	TEM 27) (Type	e, Print)		0.0	C.M.	Ε.		01	26	1992
16		FAMILE	T	Ache	577			C.L.					14		0100*
1		31. DATE FILED (Month, Day, N	bar)		AR'S SIGNATUR	E	enn	Str	199	, Ка		more	магу	land	21201
		JAN 279	7	gulia De	widcon-	andelle									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician.

	1. OECEOENT'S NAME (First, Middle	7	SAM	CENI	4			2. DATE OF DEATH	Y YE	3. TIME OF DEATH
-	4, SOCIAL SECURITY NUMBER	0 - 1-	AGE (In yrs. lest		IF UNDER I YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	- 19	14 BIRTHPLACE (State or Fore
1	215-12-1829	1 M 2 □ F	75		MONTHS DAYS		MIN.	10/21/1916	5 M	aryland
1	9a. FACILITY NAME (If not institution			96. CITY, TOW	OR LOCAT			9c. COUNTY	-	
0	Harford Me	Horul Hospi	ital	Havre de Grace Hartord						
5	RESIDENCE OF DECEDE		10c CITY	, TOWH OR LOC	PATION			-	10d, INSIDE CITY	
DIRECT	Maryland			erdeen	ATION				LIMITS?	
	10e. STREET AND NUMBER	-	, ALA		101. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?		
ERAL	148 Osbourn R				21001 USA					
FUN	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED		ECENDENT	OF HISPANI	C ORIGIN? (Specify Yea , Puarlo Rican, etc.)		RACE — American Indian Black, White, etc.
BY	1 Never Married 2 Marrie 3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES			ES 2 X NO				Splicity
ED	15. OECEDENT		CATION 16a, DECEDE			TION		16b, KIND OF BU	CINECO/INDUST	vhiu .
ETE	(Specify only higher Elementary/Secondary (0-12)	st grade completed)	(Gi	lve kind of w Do NOT us	rork done during	most of work	ing	IOD. KIND OF BO	SINESSANDOSI	N1
	8	College (1-4 or 5+)	Civ	il Se	ervice			US Gove	ernment	
COMPL	17. FATHER'S NAME (First, Middle, L	est)				16. MOT	HER'S NAM	IE (First, Middle, Maiden	Surname)	
ш	Melvin T. Sa	mpson				Ne]	lie V	Virginia (Cullum	
10 B	19a. INFORMANT'S NAME (Type/Prin	or)	198			et and Numbe	or Aumil A	oute Number, City or Tow	n, State, Zip Coo	io)
	Betty Geiger				Osbour		Abe		21001	
-1	20a. METHOD OF DISPOSITION 15 Burlat 2 Cremation 3 4 Donation 5 Other (Specific	Removal from State	20b. PLACE of cemetary,	ano oate	or olsposition of other place)	ON (Name			CATION — City	
	21. SIGNATURE OF FUNERAL SERV		AND ADDRE			Air, M	aryland			
	Kuster buy nglesby Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399								.A.	
	23. PART i, Enter the disease	way n	gles	soc						
AN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Couh Due to (c	IR AS A CONSE		Alpa	is	fus	1	•	Onset and
	PART II. Other algnificant co	de Aul	eath but not r	resulting i		ring cause		1 TYES 2	RMED!	24b. WERE AUTOPSY FIN ANALABLE PRIOR T COMPLETION OF CO OF DEATH? 1 YES 2 N
SICI	EXAMINER?	HOSPITAL:	EB/Outpetlant 2	□ DO4	OTHER:					
PHYSICIAN	27. MANNER OF SEATH	28a, DATE OF II	I./MEY	26b. TIM	E OF 28c.	INJURY AT	wardence	B C Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pendir		1067	INJ		WORK? YES 2	□ NO			
ETED 8	3 Suicide 6 Could not be determined determined 286. PLACE OF INJURY — At home, feelin, street,							Rural Route Number,		
ш	onel	PHYSICIAN: To the best of m								ause(a) and manner as st
OMPL			0			29c, Lt	CENSE NUM	BER	29d, DATE SI	ONED (Month, Day, Year)
E COMPL	296. SIGNATURE AND TITLE OF C	ENTHER	a 40/				-			
	296. SIGNATURE AND TITLE OF CO.		MY				D19	TP3	> 1	23/92

92-0299-025 FOR STATE PEGISTRA STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DE				
1	EDGAR LE	, E		SHEPPA	ARD				2:10 P	Мм		
	4. SOCIAL SECURITY NUMBER 5. SEX	or riote (m) yra	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTHPLA	ACE (State or Fo			
		^{1 2 □ F} 52	YRS.	MONTHS DAYS	HOURS MIN.	May 17,	1939	Country)	Virgir			
1	9a. FACILITY NAME (If not institution, give street and n			9b. CITY, TOWN	OR LOCATION OF D	EATH		NTY OF DEAT		LLCI		
O	511 E.JARRETTSVIL	LE ROAD		FOREST	r HILL		HARF	FORD				
5	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR		-		Y, TOWN OR LOCA				10-	d. INSIDE CITY	1		
0	Maryland Harfo	rd	Fo	orest H				1 [YES 2X	NO		
RA	The second of the second			10	Of. ZIP CODE		10g. CITI2	ZEN OF WHA	T COUNTRY?			
¥	511 E. Jarrettsville				21050			US	SA.			
	1 Never Married 2 Married FOR	S DECEDENT EVER IN U.S. A RCES? 1 1 YES 2	ARMED TNO	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	e or No-		American India	nn,		
Β¥		ES, GIVE WAR OR DATES	120		S 2 XNO Specif		_	Passiku				
	15. DECEDENT'S EDUCATION	100 (- CEPENTIO		34.7				White			
COMPLETED	(Specify only highest grade completed	d) (Give kind of w life. Do NOT use	VOLUMENT OCCUPATION OF THE PROPERTY OF THE PRO	ION ost of working	16b, KIND OF BU	SINESS/INO	USTRY				
7	Elementary/Secondary (0-12) College			ruction	Worker	Comptended						
MO	17. FATHER'S NAME (First, Middle, Lest)			737		Construction						
	Rube Sheppard				1	ME (First, Middle, Malden						
B	19a. INFORMANT'S NAME (Type/Print)				Susie		mrick					
2	Susie H. Dudley					Route Number, City or Tow		Code)				
	209 METHOD OF DISPOSITION					ex, Md. 2						
	1 X-Burial 2 Cremation 3 Removal from	State 20b. PLACE cometery, c	EANODATEO	F DISPOSITION (N her place)	ame of	OATE 20c. LO	CATION — C	City or Town,	State			
	4 Donation 5 Other (Specify)	BeT \	Air Me	morial	Gardens	1-24-92	Bel	Air, I	Maryla	nd		
	All A			22. NAME A	ND AODRESS OF FA	omas III F						
	HOUSEN X Mal	(VASAARA)	411			y Rd., Abi						
	23. PART I. Enter the diseases, or complicate shock or beet felling. List only	itions that coused the	deeth. Do n	ot enter the me	ode of dying, auc	h as cerdlec or reep	Induction and	Pate	Approxima			
	shock, or heert fellure. List only IMMEDIATE CAUSE (Final	one cause on each lin	10.			n ac asiaica or resp.	matory ar.	yat,	Interval Be	neewte		
	disease or condition											
	resulting in death) e. Attriosclustic cardiovascular disease OUE TO (OR AS A CONSEQUENCE OF):											
2		,-						i	İ			
CERTIFICATION	Sequentially liet conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	CAUSE (Disease or Injury											
E	thet initiated eventa	DUE TO (OR AS A CONSE	EOUENCE OF):								
E	resulting in death) LAST							!				
	PART II Other significant conditions contain	budles de de ab to a										
EDICAL	PART II. Other significant conditions contrib	outing to deeth but not	resulting in	the underlyin	g ceuse given in	Pert I. 24a. WAS AN PERFOR			RE AUTOPSY FIN			
ă						1 X YES 2	□ NO	COM	MPLETION OF CA			
Σ									YES 2 N	ю		
Z												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAI.			LACE OF DEATH (Che	eck only one)						
YSI	1X YES 2 □ NO 1 □ Inpar	atlant 2 ER/Outpatient		OTHER: 4 Nursing Hom	ne 5x Rasidence	6 Other (Specify)						
BY PHYSICIAN:	-4	Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	4141	28d. DESCRIBE HOW II	NJURY OCCI	URED				
≥	1 Natural 5 Pending 2 Accident frivestigation				YES 2 NO							
	3 Suicide 8 Could not be 28e.	PLACE OF INJURY — At he building, atc. (Specify)	ioma, farm, st	reet, factory, offic	•	28f. LOCATION (Street e	and Number o	or Rural Route	Number,			
	4 Homicide determined					City or Town, Stete)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the	he best of my knowledge, d	feath occurred	d at the time, data	and place, and due	to the source(a) and may						
N N	one) 2 X MEDICAL EXAMINER: On the t	basis of exemination and/or	Investigation	, in my opinion, d	lesth occured at the	time, data and place, an	d due to the	d.		-tad		
	29b. SIGNATURE AND TITLE OF CERTIFIER			- 1000						Red.		
BE	Ronald & Wright	- MO		-	O . C . M .			-21-				
유	30. NAME AND ADDRESS OF PERSON WHO COMPLE	ETED CAUSE OF OFATH (IT	EM 270 / Emp. /	(Polant)	0.C.M.	E.	701	-21-	1992			
	DONALD G. WRIGHT MD TO				אם יהיםים מי	TTTMODE	MADA	T A NID	0.1.0.0	1		
- 1		REGISTRAR'S SIGNATURE	111 1	ENN 51	KEEI DA	LTIMORE	MARY	LAND	2120			
- 1	10.0											
IL	JAN 23 92 Julia Davidson-Pandalle											

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OR /	OUR	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detable filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
SPIT	NER.	-
2	马基	TA
THE	出層	904
2	23	Ξ

31. DATE FILED (Month, Day, Year)
JAN 2 7 1992

1. OFCEDENT'S NAME (First, Middle.						2. DATE OF DEA	DAY	YEAR 3. TIME OF DEATH
Betty 4. SOCIAL SECURITY NUMBER	Joan '	6. AGE (In y	SCN rs. last birthday)	midt If under 1 Year	IF UNDER 24		25/92	a. BIRTHPLACE (State or Foreign
064-26-3423	1 - M 2 M F		58 YRS.	MONTHS DAY	HOURS &	(Month, Day, Y		New York
Se. FACILITY NAME (If not institution,				100	N OR LOCATION			NTY OF DEATH
University Ho	pspital			Balti	more		Ba	ltimore City
	Anne Arunde	1		verna E				10d. INSIDE CITY LIMITS?
10s. STREET AND NUMBER		-	100		10f. ZIP CODE		10a CITI	1 YES 2 NO
496 Lymington	n Rd.					21146		.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE V	YES 2	NO	If yes,	ECENDENT OF H specify Cuban, A ES 2 NO	ISPANIC ORIGIN? (Spec laxican, Puarto Rican, el Specify:	Ify Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT' (Specify only highes		18	e. DECEDENT'S	USUAL OCCUPA	ITION	16b, KIND 0	F BUSINESS/IND	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	mos or working	- Pal . 10 . 1		
17. FATHER'S NAME (First, Middle, La	at)		Homem	aker	18 MOTHER	HOME S NAME (First, Middle, N		
Charles Kale						Piehler	reiden Sumerne)	
19a. INFORMANT'S NAME (Type/Print			19b. MAJLING	ADDRESS (Street		Rural Route Number, City	or Town, State, Zip	Code)
Mr. Edward A			496 L	ymingto	n Rđ.	Seve	rna Park	MD 21146
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3	Removal from State		ACE AND DATE	OF DISPOSITION	(Name of	DATE 2	c. LOCATION —	City or Town, Stala
		2.000	y, or ornatory or o	moi pracaj		1.70		
)	MD	Veter	ans	AND ADDRESS		ownsvi]	
4 Donation 5 Other (Specify 21. SIGNATURE OF TUNERAL SERVI)	- MC	Veter	22. NAME	AND ACCRESS	F FACILITY 49	Ritchi	ie Hwy.
21. SIGNATURE OF TIMERAL SERVI	ce licensee Barra	- MD	Veter.	ans 22. NAME Barra	nco Fun	eral Home	Ritchi Severna	ie Hwy. a Park MD 2114
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE Banda a, or complications the	at coused thuse on each	Veter	22. NAME Barra not enter the r	nco Fur	eral Home	Severna reaptratory err	eet, Approximate Interval Between
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23. PART I. Enter the disease shock, or heart fail immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2	DUE TO d. dittione contributing to pue to DUE TO d. AL DUE TO	t coused the second control of the second co	NONSEQUENCE OF THE PROPERTY OF	ans 22. NAME Barra Barra Other Cother Co	Ing ceuse give	n in Part I. 24a. W PE 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	AS AN AUTOPSY ERFORMED? STREET and Number	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO

1 St Balt MD

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death
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	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		D MENTA	L HYGIENE REG. NO.		2 035/1
	1. DECEOENT'S NAME (First, Middle, Lest) Rolf Souter	Rolf Gu	nther :	Sauter		2. DATE MONTI	OF DEATH DAY	y YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 506-32-6790	1 2 □ F 6	(In yrs. lest birthday) 3 YRS.	MONTHS DAYS	HOURS MI	N. (Monti	OF BIRTH h, Day, Year) -01-28	g Ge	RTHPLACE (State or Foreign ountry) : rmany
E E	98. FACILITY NAME (If not institution, give street and number) St. CITY, TOWN OR LOCATION OF DEATH St. CITY, TOWN OR LOCATION OF DEATH St. CITY, TOWN OR LOCATION OF DEATH P. S. CITY, TOWN OR LOCATION OF DEATH St. CITY, TOWN OR LOCATION OF DEATH St. CITY, TOWN OR LOCATION OF DEATH Anne Jazundel								
AL DIRECTOR									10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 2256 Septembe.				0f. ZIP CODE 21054			US	
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ☑ YES IF YES, GIVE WAR OR D 1948	2 NO	If yea,	ECENOENT OF HI specify Cuben, Mi S 2 NO S				ACE — American Indian, Black, White, stc.
once. COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	16a. DECEOENT (Give kind o fife. Do NOT Enli		TION nost of working	166		Army	IY
coMP	12 17. FATHER'S NAME (First, Middle, Last) Emil Sauter	4				S NAME (First, I	Middle, Malden		-
notified a TO BE	190. INFORMANT'S NAME (Type/Print) Susan Doody			G ADDRESS (Stree Septer					
must be	20a. METHOD OF DISPOSITION 1. Purial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	b. PLACE OF DISPO other place)	_				CATION — City of	r Town, State
examiner	21. SIGNATURE OF THE HALL SERVICE LIC	ENSE	_	Hard	and address of desty Annapo	Funer	al Ho Road,	me, P. Gambr	A. Tills, MD
prior to burial, cremation, or removal. Traumatic event, the medical examiner must be notified at once. CATION TO BE COMPI	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Sey 5			node of dylng,	auch aa cen	diac or reapl	ratory arreat,	Approximate Interval Betwee Onset and Dee
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, riked, or Item 23 shows any Injury, or other traumatic event, the PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disees or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE		fi-lur	e			
with the State Dept. of Health and Ment. ted, or Item 23 shows any Injury. PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	s contributing to deeth i	but not resulting	In the underly	ing cause give	n In Pert I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
State Dept. Item 23 s SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	hadlant 2 🗆 BOA	OTHER:	PLACE OF DEAT				
s marked, or BY PHYS	27. MANNER OF BEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c.	NJURY AT WORK?	28d, DE		NJURY OCCURE	0
n 28 is mar TED BY	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe		, atreet, factory, of	fica		CATION (Street a or Town, State)	and Number or R	ural Route Number,
within 72 hours after of TANT. If Item 28 is COMPLETED	onel	CIAN: To the best of my know							use(a) and manner as stated.
be filed within IMPORTANT. TO BE COI	29b. SIGNATURE AND TITLE OF CERTIFIE	a mb ci	of me		Mi)	D415	19		NED (Month, Day, Year) 3 June 1992
	30. NAME AND ADDRESS OF PERSON WITH DUN ALD J. LA.	EH MB	IMC	pa, Print) KIACI 4	Ktme	eacle	ui)		
	31. OATE FILE (MONTE) 27 1992	June Davidson	fantale						DHMH-16 Rev

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death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPARTME	NT OF	HEALTH	AND I	MENTAL HYGIE	NE		
	1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFICA	IE OF	DEAL	Н	REG. N	D		
	MARY TOLS	MARY	ETHE	L TOLS	ON			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNK					IF UNDER	24 HRS.	7. DATE OF BIRTH	-	8. BIRTHP	LACE (State or Foreign
	217-32-3438	1 🗆 M 2 🖵 E	77	YRS. MONT	HS DAYS	HOURS	MIN.	(Month, Day, Year)	1 /4	Mars	yland
	9a. FACILITY NAME (If not institution, give s	reet and number)		9b. (ATY, TOWN	OR LOCATIO	N OF DE			INTY OF DE	
2	SOUTHERN MARI	Imp Hos	PITH		cl	NETO	M		PRI	MCE 9	KORGES
FUNERAL DIREC	RESIDENCE OF DECEDENT 10b. COUNTY	,		10c. CITY, TOV	N OR LOCA	TION	-				IOd. INSIDE CITY
FIG	Marvland Charl	0.5		Ин о	les v	110					LIMITS?
AL	10. STREET AND NUMBER	CS		nugi		H. ZIP CODE			10g. CIT		IAT COUNTRY?
E	Post Office Bo	x 274				2063	7		'	USA	
1 5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	IED	13. WAS DE	CENDENT OF	HISPAN	IIC ORIGIN? (Specify Y	a or No-		– American Indian, White, atc.
BY	1 Never Married 2 Married 3 TyWidowed 4 Divorced	FORCES? 1	OR DATES A	,	It yes, s	pecify Cuban.	Specify	n, Puarto Rican, atc.)		Black, Specify:	
	15. DECEDENT'S EDUC	247104	100	- 1						B1 a	ack
	(Specify only highest grade	completed)	(Giv	EDENT'S USUA to kind of work do Do NOT use retire	no chiring m	ION ost of working	7	18b. KIND OF BI	JSINESS/INI	DUSTRY	
1 2	Elamentary/Secondary (0-12)	College (1-4 or 5+)									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Homen	laker		FR'S NAI	ME (First, Middle, Maide	esti	С	
В	Andrew Woodla	n d							, Surrieme)		
OB	19a. INFORMANT'S NAME (Type/Print)	11.0	19b.	MAILING ADDR	ESS (Street	and Number of	or Rural R	Davis Number, City or To	wn. State. Zin	p Code)	
ř	Rose Pickeral										land 2063
	20a. METHOD OF DISPOSITION 1 V Burial 2 Cremation 3 Remo	wal from State	20h PLACE AL	AD DATE OF DIS	OCITION /A	ama of		DATE 20- 1	CATION	04-	2.0
	4 Donation 5 Other (Specify)		St Ma	atory or other ple	Cath	Ch	Cem	1/24/92	Brya	antow	vn. Maryla
	21. SIGNATURE OF PUMERAL SERVICE LIC	DISEE	2 1-)	22. NAME A	NO ADDRESS	S OF FAC	ILITY			,
	"Xlayd	m. 6	ster	/				ral Home	-		20600
\Box	23. PART I. Enter the diseases, or o	omplications that c	aused the dea	th. Do not en	ter the m	ode of dyln	ig, such	as cerdiac or res	oiratory are	rest,	Approximate
	shock, or head failure. I IMMEDIATE CAUSE (Fine)	.let Dnly Dne ceuae	Dn each line.								Interval Between Onset and Death
	disease or condition	CAL	PIO RES	PIRACOK	4	ARRE	57				
	1577-5-146-57/55	DUE TO (OF	R AS A CONSECU	JENCE OF):							
8	Sequentially list conditions,	. GACHE									
RTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING		AS A CONSECU		80-1	MET	ra e-	eat. I			
윤	CAUSE (Disease Dr Injury thet initieted events		AALY AN		mu	ME	436	731)			
듄	resulting in deeth) LAST		STEIL		Now	4					
핑											
¥	PART II. Other eigniticant conditions	s contributing to de	ath but not re-	suiting in the	underlyln	g cause gi	ven in i	Part I. 24s. WAS AI	NAUTOPSY		ERE AUTOPSY FINDINGS
MEDICAL								1 YES	2 NO	C	OMPLETION OF CAUSE OF DEATH?
								_			YES 2 HO
SICIAN:	25 Who care prespone to use out										
D	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEA	ATH (Che	ck only one)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Impetient 2 EF			_			Other (Specify)	-		
	1 Natural 5 Pending	(Month, Day, 1		28b. TIME OF INJURY	W	URY AT DRK? YES 2	- 1	2ad. DESCRIBE HOW	INJURY OC	CURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IN	IJURY — At hom	e, Jarm, street.			\rightarrow	281. LOCATION (Street	and Number	as Room/ Davi	do Alizanh
TED	4 Homicide a Could not be determined	building, stc.	(Specify)			-		City or Town, State)	or nurei Hou	ANUDAL
COMPLET	29a. CERTIFIER (Check only 1) CERTIFYING PHYSIC	JAN: To the best of one	knowledge de	h negurord at at	a time de	and etc			Secret -		
JMC	(Check only one) 2 MEDICAL EXAMINER	: On the beals of exam	ination and/or Im	restigation, in m	y opinion. d	enu placa, a	rricidua (dat the f	io the cause(a) and ma lime, data and place a	nner aa stat nd due to th	led, In Causala) -	nd manner as stated
!!	29b. SIGNATURE AND TITLE OF CERTIFIER	10				29c. LICEN					
BE	ford G.	()	res				746			1/ZI/9	fonth, Day, Year)
임	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE (1-1	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEON) MD

192

31. DATE FILED (Month, Pagy 16)

THOUS Dr S# 5

MO, 20602

32. REGISTRAR'S SIGNATURE

n d

			*	



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFICA	TE OF	DEATH	REG	G. NO.			
1.00	1. DECEDENT'S NAME (First, Midd EDWARD L.						2. DATE OF DEA	y 26,19	9ŽEAR	3. TIME OF DEATH 3AM M	
	4. SOCIAL SECURITY NUMBER 579 14 1229	5. SEX 6.	AGE (In yrs. last birth	MONTH	DER 1 YEAR	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRT	TH, 1924	a. BIRT	HPLACE (State or Foreign try) ryland	
OR	9830 Michaels	Way			9b. CITY, TOWN OR LOCATION OF DEATH Ellicott City			9c. COUNTY OF DEATH Howard			
2	10a, STATE 10b.	CITY TOW	MI OR LOCAT	TON				10d. INSIDE CITY			
- DIRECTOR	Maryland	Howard		Ellicott City				100 000		1 TES 2 NO	
FUNERAL	9830 Michael			. ZIP CODE 1042			S.A.	WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 A IF YES, GIVE WAF	YES 2 NO R OR DATES	11	If yes, sp	ecity Cuban, Mexica 2 NO Specifi	in, Puerto Rican, a		Bla	CE — American Indian, ck, White, atc.	
		T'S EDUCATION est grade completed)	16a. DECEDE	NT'S USUAI	L OCCUPATI	ON set of working	18b. KIND	OF BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	- Me. Do A	OT use retire	opera			U.S.	Gove	rnment	
8	17. FATHER'S NAME (First, Middle,	Lest)		-		18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)			
BE C	Edward B. Ta		100-110	II INC ADDE	SERR /Should	Edna and Number or Rural	Péffés				
2	Andrew F Cra					s Way El	licott	City Md	210		
	20e. METHOD OF DISPOSITION 1	☐ Removal from State	20b. PLACE OF D other place)	rema	torv	metery, cremetery or		Catons	vill	e Md	
	21. SIGNATURE OF FUNERAL SE	TVICE LICENSEE		1	22. NAME A	H WITZK	e Funera	al Home	Inc		
	* Harre	N. With	ker			Old Col					
	IMMEDIATE CAUSE (Final disease or condition	fellure. List only one cause	caused the death. on each line.				ch as cerdiac o	r respiretory a	rrest,	Approximate interval Between Onset and Death	
Z	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING										
RTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
	DADT II Other elgolficent o	anditions contribution to d	eath but not moul	but get appleled in the mederalize across along to B			Part I. 24s. WAS AN AUTOPSY		, [2	4b. WERE AUTOPSY FINDINGS	
EDICAL	PART II. Otter significant c	onomons contributing to u		ting in the	ng in the underlying ceuse given in Pa			Part I. 24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2									1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO ME	DICAL			26 F	LACE OF DEATH (C	hack only one)				
<u> </u>	EXAMINER?	HOSPITAL:	ER/Outpetient 3 🗆 E		HER:	-					
PHYSICIAN:	27. MANNER OF DEATH 1 Notural 5 Pend	28a. DATE OF II (Month, Day	NJURY 28	b. TIME OF	28c. IN	JURY AT ORK?		ery) E HOW INJURY O	CCURED		
ED BY	2 Accident investigation inves							al Route Number,			
COMPLETED	CHOCK OTHY	NG PHYSICIAN: To the best of n									
	2 MEDICAL 29b. SIGNATURE AND TITLE OF	EXAMINER: On the basis of exa	mination and/or Inves	digetion, in	my opinion,	death occured at th					
TO BE	Michelosh	1. llentede	Juns.			D38	JMBER 29d. DATE SIGNED (Month, Day, Year) → JANUARY 27 199			1mr, 27 1991	
-	NICHULAS WI	KULTRÉLAKUS	WW CLV	1 Chury	Plaza	# 4124	Colum!	bir MD	210	44	
	31. DATE FILED (Month, Day, Year	32. REGISTRAR	Under Mand	0.00							
	31. DATE FILED (Month, Day, Year, JAN 27 '92	32. REGISTRAR	rs signature	000	1-10			-	/// /// 5	<i>/// /// -</i>	

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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIEN	E	_	00077
_		1. DECEDENT'S NAME (First, Middle, Lest) HELEN	TOROF		ince To	ronto	2. DATE (4 9	EAR 3	TIME OF DEATH PM
P)	4. SOCIAL SECURITY NUMBER 219-48-8968	1 M 2XXF	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	SPRITH 3, Year)7	8.	BIRTHPI Mar	ACE (State or Foreign yland
-	ECTOR	90. FACILITY NAME (If not institution, give s Anne Arundel M RESIDENCE OF DECEDENT		ter	Annapo	EATH	9c. COUNTY OF DEATH Anne Arundel				
de delata	DIRÉC	Anne Arundel Annolis									
	ERAL	1194 Bayview V			mpo I I	01. ZIP CODE 21401			10g. CITIZEN	OF WH	YES 2 NO AT COUNTRY?
	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Therried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2 XNO	If yee, s	CENDENT OF HISPA specify Cuben, Mexico S 2 NO Specifi	en, Puerto R	(Specify Yee lcan, etc.)	or No— 14	Black, \	- American Indian, White, etc. White
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of ilfe. Do NOT us	work done during n	TION nost of working	18b.	KIND OF BUS	INESS/INDUS	TRY	
90	N N	12 17. FATHER'S NAME (First, Middle, Last)	2	Secr	etary				al Of	fic	e
at or		Albert Hance				18. MOTHER'S NA			Surneme)		
be notified at once.	BE	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street	Ruth H	Route Number	STY or, City or Town	State. Zip Co	rie)	
e not	2	Robert M. Toro	nto Sr.			w Vista					21401
must b		20e. METHOD OF DISPOSITION 15 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b	PLACE AND DATE	prosposition (I	Cemeter	рате	20c. LOC	COWNS	or Town	
val. Il examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	all		12 F		Ave.	Anna	apoli	s,	MD
or other traumatic event, the medical or	CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Batwee									Approximate Interval Batween Onset and Death
shows any injury,	: MEDICAL	PART II. Other algnificant condition	s contributing to death b	ut not resulting	n the underlyle	PERFORMED? AVA 1 YES 2 NO OF		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one				
6 g	IXSI	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 - ER/Outp			me 5 🗆 Reeldence	8 🗆 Other	(Specify)			
marked,	ВУ РНУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM INJ	URY	JURY AT ORK? YES 2 NO	28d. DESC	RIBE HOW IN	JURY OCCUR	ED	
28 Is	ETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	26e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				e Number,
TANT: If Item	COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINEI	CIAN: To the beet of my knowl 3: On the basis of exemination	edge, death occurre end/or investigation	d at the time, dat n, in my opinion,	e end piece, end due death occured at the	to the ceue	e(e) end menr nd place, and	due to the ce	use(e) e	nd menner ee stated,
IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Colin	MD		DIGE	MBER 354		29d. DATE SI	PNED (M	onth, Day, Year)
		ENSER W. CO	COMPLETED CAUSE OF DEA		Print) 00 Best	Sate Ri	dAn	NADO	lis.M	Da	1032
		31. DATE JAN 27 1992	132. REBISTRAR'S SIGN	molett.		V					

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
lal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use
er death. Page 6 may be retained by the hospital or at	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be tetained by the hospital or at

JAN 2 9 92

32. REGISTRAR'S SIGNATURE

	•						5,	2 03578	
	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	ICATE (F HEALTH AND OF DEATH				
	1. DECEDENT'S NAME (First, Middle, Lant) MILDRE					2. DATE OF D MONTH Jan	26 DEATH 1992	2 3. TIME OF DEATH 7:30p. M	
1	4. SOCIAL SECURITY NUMBER 577–10–7776	5. SEX 6. AC		AYS HOURS MIN.	7. DATE OF BI (Month, Day, 5-8-	1012	BIRTHPLACE (State or Foreign Country) Maryland		
ADI.	98. FACILITY NAME (If not institution, give sind 5507 Brandywi		ndywine	EATH		nce George's			
DIRECTO		r nce George's		andywi				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	15507 Brandywine				10f. ZIP CODE 20613		US	EN OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Xidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 XX40	If yes	s, specify Cuban, Maxice YES 2 NO Specifi	en, Puerto Ricen,	ecify Yee or No— 14 , atc.)	IA. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)		work done during se retired.)	ig most of working		D OF BUSINESS/INOUS		
	17. FATHER'S NAME (First, Middle, Last) Nelson A. Grimes		Patent	Steno			GOVERNMEN	t	
TO BE	190. INFORMANT'S NAME (Type/Print) Edward N. Vest		19b. MAILING 7908	ADDRESS (SIN	reet and Number or Rural	Route Number Cit	ty or Town, State, Zip C ngton, MD	20744	
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		20b. PLACE AND DATE OF	OF DISPOSITION	N (Name of	Or., Ft. Washington, MD 20744 OATE 20c. LOCATION — City or Town, State 1-30 Suitland, Md.			
	21. SIGNATURE OF EUWERAL SERVICE LIC Benjamin Mat	Meur	0658		tt Funeral 0. Box 156		orf. Md.	20604	
	23. PART I. Enter the diseases, or c shock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Hunn	sed the death. Do not not not not not not not not not no	Cana	mode of dying, such	ch ea cerdlec d	or respiratory erres	Approximate Interval Between	
CERTIFICATION	Sequentistly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitiated events resulting in death) LAST	с	AS A CONSEQUENCE OF						
- II	PART II. Other significant conditions	a contributing to deat	h but not resulting i	n the underl	ying ceuse given in	Part I. 24e.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							PERFORMED? YES 2 X NO	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Dutpatlant 3 DOA	OTHER:	6. PLACE OF DEATH (Che	-			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	RY 26b, TIME	E OF 26c. URY 1	INJURY AT WORK?	1	E HOW INJURY OCCUP	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	JRY — At home, farm, s Specify)	ireel, factory, o	iffice	28f. LOCATION City or Town	(Street and Number or rn, State)	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC NO. 2 MEDICAL EXAMINER	CIAN: To the best of my known. R: On the beele of examinat	owledge, death occurre	d at the time, o	iste end piece, end due n, desth occured at the	to the cause(e) of time, date end p	and menner ee stated. pleca, end due to the c	ceuse(e) end manner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTURE	Kodnep.	wxm	11	D 2 1 2 3 0			SIGNED (Month, Day, Year)	
-	Augusto P. Rdo	riguez M	D. 5009	Ravh	urn CT	Camp	Springs	s. MD 20748	

DR

31. DATE FILED (Month, Day, Year)

POST OFFICE CENNA

1 - STATE REGISTRAR			RTIFICAT	TE OF		MENTAL I	REG. NO.				
DECEDENT'S NAME (First, Middle, Lest) NORMAN	Tinwo	and .				2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		JUU \ i. AGE (In yrs. lest b	VASSAR oirthday) _ IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	N 26	8. BIR	THPLACE (State or Foreign		
577-38-7526 9a. FACILITY NAME (If not institution, give:	1 X M 2 🗆 F	62	YRS. MONTH		HOURS MIN.	11-17	-1929	VIF	RGINIA		
PHYSICIANS MEN		PITAL	98. 0	LA PI				HARL			
	HARLES			WALDORF					IOd. INSIDE CITY LIMITS? 1 YES 2 X NO		
100. STREET AND NUMBER 502 GERRY COURT				101. ZIP CODE 10g. CITIZEN OF W USA							
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 X		ED 1	If yes, sp	endent of Hisp/ ecity Cuban, Mexic 2 K NO Spec	an, Puerto Rici	Specify Yea or No— an, etc.)	Ble	CE — American Indien, lock, White, etc. WHITE		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) 10TH GRADE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) WOODWORKER 16b. KIND OF BUSINESS/INDUSTRY (Give kind of working life. Do NOT use retired.) CONSTRUCTION											
17. FATHER'S NAME (First, Middle, Last) CLYDE LINWOOD VASSAR 18. MOTHER'S NAME (First, Middle, Maiden Surname) MAUDE UTLEY											
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
LISA SMITH 502 GERRY COURT, WALDORF, MD 20602 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State											
1 Burlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) TRINITY MEMORIAL GARDENS 1-30 WALDORF, MARYLAND											
MICHAEL K BI	ANKENCHID	M00857		22. NAME A	ND ADDRESS OF F	THI	E HUNTT	FUNE	RAL HOME, IN		
MICHAEL K. BL 23. PART I. Enter the diseasea, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ANKENSHIP complications that could be complicated as a contract of the country of	caused the deat a on each line.	th. Do not an	P.O.	BOX 156	THI	E HUNTT	FUNE!	RAL HOME, IND 20604-01 Approximate Interval Between		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	ANKENSHIP complications that complications that could be completed as a distribution of the country of the coun	caused the deat a on each line.	th. Do not an	P.O.	BOX 156	THI	E HUNTT	FUNE!	RAL HOME,IN D 20604-01		
23. PART I. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	ANKENSHIP complications that complications that control one ceuse a. Card Due to (o b. Due to (o c. Due to (o d. Due to (o	OR AS A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQUENT OF A CONSEQU	th. Do not an	P.O. ter the mo	BOX 156 ode of dying, au	THI WALDO	E HUNTT ORF. MAR c or respiratory	FUNE YLAN arreat,	RAL HOME, IND 20604-01 Approximate Interval Between		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant conditions of the condition of the condit of the condition of the condition of the condition of the condi	ANKENSHIP complications that of List only one ceuse a	OR AS A CONSEQUENT AS A CONSEQ	THE DO NOT AN ANY SERVICE OF SERV	P.O. ter the mo	BOX 156 ode of dying, au	THI WALDIC Ch as cardis	E HUNTT ORF. MAR c or respiratory 4a. WAS AN AUTOPS PERFORMED?	FUNE YLAN arreat,	Ab. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reaulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	ANKENSHIP complications that c List only one ceuse a.	OR AS A CONSECU-	JENCE OF:	underlyin 26. P 28. IN. 28. IN.	BOX 156 ode of dying, au	THI WALD(ch sa cardis	E HUNTT ORF. MAR c or respiratory 4a. WAS AN AUTOPS PERFORMED? YES 2 NO	FUNE YLAN arreat,	Ab. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events reaulting in death) LAST PART II. Other significant conditions in the conditions of the conditions	ANKENSHIP complications that of List only one ceuses a.	DR AS A CONSEQUENT AS A CONSEQ	JENCE OF: JENCE OF:	underlyin 26. P = 0 . Underlyin 26. P = ER: Nursing Hon. W 1 1	BOX 156 Box 156 Inde of dying, au Grause given in Back of Death (Company of Presidence of Presidence of Death (Company of Death (Company of	THI NALDI Check only one) 1 6 Other (1) 28d. DESCI	E HUNTT ORF. MAR c or respiratory 4a. WAS AN AUTOPS PERFORMED? YES 2 NO	FUNE YLAN arreat,	ADD 20604-01 Approximats Interval Betwee Onset and Dead Onset and		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST PART II. Other significant condition of the cond	ANKENSHIP complications that c List only one ceuse a.	Caused the deat e on each line. OR AS A CONSECU- OR AS A	JENCE OF: JENCE OF:	underlyin 28. P 28. P 28. P EER: Nursing Hon 1	BOX 156 BOX 156 Dele of dying, au Grant Control of the control	THI WALDO Ch as cardis n Part I. 2 Check only one) a 6 □ Other (a 28d. DESCI 28f. LOCAT City or	As. WAS AN AUTOPS PERFORMED? YES 2 NO Specify) HIBE HOW INJURY (Town, State)	FUNE YLAN arreat, sy 2 DOCCURED	ADD 20604-01 Approximats Interval Betwee Onset and Dead Onset and		

eraen en

_		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN		2 03580		
		1. DECEDENT'S NAME (First, Middle, Last) John	Molvin				2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATN		
(P		4. SOCIAL SECURITY NUMBER 579-90-5976	1 x M 2 □ F 31	n yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTN (Month, Day, Year) 3-16-60	8.	9 2 111:14 A M BIRTNPLACE (State or Foreign Country) D C		
The second of th	CTOR	90. FACILITY NAME (If not institution, give structured by the stru		U.		imore	PEATH	9c. COUNT	Y OF DEATN		
permit. Pages	AL DIRE	MD AA CO	•		NAPOLIS	3			10d. INSIDE CITY LIMITS? X YES 2 NO		
ian. transit	FUNERA	614 GREENBRIAR 11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMEO		21401	NIC ORIGIN? (Specify Ye	US	N OF WHAT COUNTRY?		
ns the	ED BY F	1 Never Merried 2 XMerried 3 Widowed 4 Divorced	FORCES? 1 YES	TES"	If yes, sp	ecity Cuban, Mexico	en, Puerto Rican, atc.)		SpecifyWHITE		
pital or ed for u	<u> </u>	15. DECEDENT'S EDUCI (Specify only highest grade of Elementery/Secondary (0-12)		(Give kind of life. Do NOT u	work done during me se retired.)	16b. KIND OF BU	SINESS/INDUS	STRY			
अ विक	BE COMPL	17. FATNER'S NAME (First, Middle, Last) JOHN M. VEAL, S	R.				ME (First, Middle, Meiden Surname)				
retain 5 sho	TOB	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) ROXANNE VEAL 20e. METNOD OF DISPOSITION									
Tecto E		20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of commeter), crematory or other place) DATE 20c. LOCATION — City or Town, Starta Commeter of the place MD NATIONAL MEM. PARK 1—27—92 LAUREL, MD DATE 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta 20c. LOCATION — City or Town, Starta									
death tune tune		Jany A	Reese		REESE 821 W	AND S EST ST	ONS MORTU	DLIS,	MD 21401		
24 hour filled in tion, or the me		23. PART I. Enter the disease, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at Dnly one cause Dn ea	NG		de of dyling, auc	ch aa cardiac Dr reapi	iretory arrest	t, Approximate interval Between Onset and Death		
executed and com o burial.	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A								
th certificat ending physical if Hygiene p	ERTIFIC,	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST d.	DUE TO (OR AS A CONSEQUENCE OF):								
that the death ned by the attentith and Mental H	EDICAL C	PART II. Other algnificant conditions	contributing to death bu	t not resulting i	in the underlying	cause given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE		
requires ben sign of Hea	Σ						1 TYES 2	XNO	DF DEATH? 1 YES 2 NO		
F 9 8 5	SICIAN		HOSPITAL:	tient 3 DOA	OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
PHYSICIAN: The this certificate with the State	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Ybar)	28b. TIM	E OF 28c. fNJt	JRY AT RK?	28d. DESCRIBE HOW II	NJURY OCCUR	RED		
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Siz	ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	1-19-92 28e. PLACE OF INJURY building, etc. (Specif	- At home, farm, s		ES 2 NO	Subject 281. LOCATION (Street a	Hang			
L DIRECT Pours	MPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICI.	AN: To the best of my knowle		m e	end place, and due	Annapoli	S. MD	on Prive		
HOSPITAL FUNERAL Within 72 IANT: If	COM	2 MEDICAL EXAMINER:	On the basis of symmetrion	end/or investigation	n, in my opinion, de	eath occured at the	fime, date end piece, en	d due to the c	euse(e) end manner ee stated.		
TO THE HOSPITAL. TO THE FUNERAL E DE filed within 72 h IMPORTANT: If II	TO BE	294. SIGNATURE AND TITLE OF CERTIFIER	all	Pol		O.C.			GNED (Month, Day, Year) 22-92		
		30. NAME AND ADDRESS OF PERSON 940 (MAKIO F. GOLL 31. DATE FILED (Month, Day, Year)	E, JR., WAR	111 Pe		eet, Ba	ltimore,	Mary	land 21201		
		JAN 27 1992	32 REGISTRAN'S SIGNAL Fulia Davidson	-Andree							

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to fine within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer he filed within 72 hours after death with the	IMPORTANT: If Item 28 Is marked, o

1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / DEPA CERTII					NENIAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle								AY 7	92	3. TIME OF DEATH 10,45 P.	
JAMES R. 4. 4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In yrs. lest birthday) IF UNDER	1 VEAR	IF UNDER	24 HPS	7. DATE OF BIRTH	/	O DIDTH	DI ACE /State or Foreign	
213-05-9960	1 M 2 - F	96 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 11-23-9	5	Country	Virginia	
9e. FACILITY NAME (If not institution			9b, CITY	r, TOWN C	R LOCATION	ON OF DE			UNTY OF D		
Mal. BayNur	sing Home		Cam	bri	dae		Dorchester				
ALSIDENCE OF DECEDE	NT										
and a	COUNTY		TY, TOWN							10d. INSIDE CITY LIMITS?	
Md 10e. STREET AND NUMBER	Worcester		0cea	_	L C Y	_		T in or		1 YES 2 NO	
13712 Barge	DA			101		842		THAI COONTHY?			
13 / 12 Baige		NT EYER IN U.S. ARMED	13.	WAS DEC			IC ORIGIN? (Specify Ya		JSA T14. RACE	— American Indian.	
1 Never Merried 2 Merrie	FORCES?	YES 2 NO		If yes, sp	ecify Cube		, Puerto Rican, atc.)			— American Indian, c, While, etc.	
3 Widowed 4 Divorced		WW I			-	фону	· 			White	
	T'S EDUCATION est grade completed)	16a. DECEDENT (Give kind o	'S USUAL O of work done use retired.)	CCUPATIO	ON at of working	ng	16b, KIND OF BU	SINESS/IN	IDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	use retired.) Hom								
T CATHER'S NAME (Class Allistic	17. FATHER'S NAME (First, Middle, Last)					Henre was	ME (First, Middle, Maide			_	
						Jnkn		sumeme)			
Unkn. 190. INFORMANT'S NAME (Type/Pr	(nt)	19b. MAII II	NG ADDRES	S (Street a	_			vn, State 3	Zip Code)		
190. INFORMANT'S NAME (Type:Print) 190. INFORMANT'S NAME (Type:Pr											
20e. METHOD OF DISPOSITION		20b. PLACE OF DISP							- City or To		
1 Buriel 2 A Cremation 3 4 Donation 5 Dother (Spec		other place)	lisb	urv	Cre	mat.	orv Sal	isb	ury,	Md.	
21. SIGNATURE OF FUNERAL/SER	NICE LICENSEE					SS OF FAC					
> Chall	1/6/			U11	rich	ı Fu	neral Ho	me	Ber.	lin, Md.	
23. PART & Enter the disees	es, or complications th	at caused the death. Do	not enter	r the mo	de of dy	ing auci	n ee cerdiec or resi	iratory a	rreat.	Approximate	
ehock, or heart	failure. List only one ca									intervel Betwee	
iMMEDIATE CAUSE (Final disease or condition		0.	0 0	00	1	to	ms 1			Onset and bei	
resulting in death)	DUE TO	O (OR AS A CONSEQUENCE	OF):	α /	N CL	cute m/				-	
	C b				1	75	CVD				
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQUENCE	OF):								
ceuse. Enter UNDERLYING CAUSE (Disease or injury	c										
thet initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSEQUENCE	OF):								
	d										
PART II. Other algnificent co			g In the u	nderiyin	g ceuse	given in		N AUTOPS	Y 24b	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
Preduit	Beau	Syndrom					1 YES			COMPLETION OF CAUSE OF DEATH?	
							_			1 TES 2 NO	
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL HOSPITAL:		OTHE		LACE OF E	DEATH (Ch	eck only one)				
1 TYES 2 NO	1 🗆 Inputient 2	☐ ER/Outpatient 3 ☐ DOA	4 🗆 Nu	raing Hon	_	tesidence	a Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pend	28e. DATE O (Month,	FINJURY 28b. 1 Day, Year)	TIME OF INJURY	WC	DRK?		28d. DESCRIBE HOW	INJURY O	CCURED		
2 Accident Invest	tigation	OF INJURY — At home, farr			YE\$ 2 [_ NO	001 1 00171011 (0		D	Do to North	
3 Suicide 6 Could 4 Homicide deter		j, etc. (Specify)	n, street, tac	стогу, отн			261, LOCATION (Stree City or Town, Stat		per or Hunti	Houte Number,	
29e. CERTIFIER											
(Check only	G PHYSICIAN: To the best of									MODE LINES OF THIRD THE	
2 MEDICAL	EXAMINER: On the basis of	exemination and/or investig	ation, in my	opinion,							
29b. SIGNATURE AND TITLE OF	the same of the sa		ma 1	2		ENSE NUI				2 7-92	
AS NAME AND ADDRESS OF THE				U,	2	175	349		1	21-12	
30. NAME AND ADDRESS OF PER					0 - 1		. M.I O	1610			
Eyup Tanmar		17 Franklin) Stre	eet,	Camb	riag	e, ma. 2	1013			
31. DATE FILED (Morat) 9 10 1		Davidson-Rando	00								

g be on . . .

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6

31. DATE FILED (Month, Day, Year)
. IAN 21 '92

Benito Chan -

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. ABGISTRAM'S SIGNATURE. Julia Davidson-Randase

								26	03.	302	
	FOR STATE REGISTRAR	STATE OF MAR			ENT OF H		MENTAL HYGIEN				
i	1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF DEATH			3. TIME OF DEATH	4
	Edna M. Widdow	son					01 12	2 199	YEAR	7:00	ма
1	4. SOCIAL SECURITY NUMBER	7	GE (In yrs. lest bi	rthdev) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	193		LACE (State or For	
\ I		1 🗆 M 2 💢 F	Daniel Company		THS DAYS	HOURS MIN.	(Month, Day, Year)	, ,	Country)		urgri
)	213–10–3978		77				12/13/19:		Mary.		
/	9a. FACILITY NAME (If not institution, give	street and number)		96	CITY, TOWN C	R LOCATION OF D					
V6.	8066 Dividing Cr	eek Road			Pocomo	oke		Word	ceste	r	
5	RESIDENCE OF DECEDENT		T .	- 11 - 1 - 1							
뿐	10a. STATE 10b. COUN				OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
FUNERAL DIRECTOR		ester		PO	comoke					YES 27	NO
A	10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZ	. CITIZEN OF WHAT COUNTRY?		
E	8066 Dividing Cr	eek Road				21851			USA		
3	11. MARITAL STATUS	12. WAS DECEDENT EVEN	ER IN U.S. ARME	D			NIC ORIGIN? (Specify Ye	s or No-	14. RACE -	- American India: White, atc.	n,
	1 Never Married 2 Married	FORCES? 1 _ \ \				ecity Cuban, Mexica 2X NO Spect	in, Puerto Ricen, atc.)		Specify:		
BY	3 Widowed 4 Divorced	10 11 10 10 10 10 10 10 10 10 10 10 10 1					,			white	
유	15. DECEDENT'S ED	UCATION	16a. DECE	DENT'S USI	IAL OCCUPATIO	ON	16b, KIND OF BI	JSINESS/IND	USTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use re	done during mo tired.)	st of working					
김	11		Book	keep	er						
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)										
BE	19a, INFORMANT'S NAME (Type/Print)		405.4	AU INC AD	opens on the		Route Number, City or To		0.40		
2									,	21051	
	Merle K. Widdowson 8066 Dividing Creek Road, Pocomoke, Md. 21851 20e. METHOD OF DISPOSITION (Name of complex), crematory or 20e. LOCATION — City or Town, State										
	20e. METHOD OF DISPOSITION 1.X Burlet 2 Cremation 3 Re	moval from State	other place)			- 1				
	4 Donation 5 Dither (Specify) First Baptist Cemetery Pocomoke City, Md.										•
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND MELSON											
	> South S	Moles	n				comoke Ci	t.v. Mc	1. 2	1851	
	23. PART I. Enter the diseases, or	complications that car	used the deati	. Do not						Approxima	ite
		. List only one cause o				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		piratory and		interval Ba	tween
ľ	iMMEDIATE CAUSE (Final disease or condition	15	/		17	1 11	·			Onset and	Death
	reaulting in death)	100	rolia	C	Urr	hythn	Ka				
		DUE TO (OR	AS A CONSEQUE	ENCE OF):	100	/.					
Z	Sequentially list conditions,	b	Hyp	erk	aloni	la					
CERTIFICATION	If any, leading to immedista	DUE TO (OR	AS A ODNISEQUE	ENCE OF):	2	0	F.1				
2	cause. Entar UNDERLYING CAUSE (Diseasa or Injury	c	Mon		10	nal	active				
15	that initiated events reaulting in death) LAST	DUE TO (OR	AS A CONSEQUI	ENCE OF):	19/	2	1 /9	^			
H	readiting in death) CAST	d	Mar	1C	XIXO	merulo	romiles	1			
O	PART II. Other algolificant condition	one contributing to dea	th but not ree	ulting in t	he underlyin	a cause alven lii	Part I Zun MAS A	N AUTTOREV	245	WERE AUTOPSY FIR	NONCE
N N	M. O.	itsi tien	in but not rou	diting in	ino dilidariyini	g cuase given		ORMED?		AVAILABLE PRIOR T	то
ă	- Jak nu	101 11 en					1 YES	2 NO		OF DEATH?	AUSE
ME							_		1 '	1 YES 2 N	10
z									-1		
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C	heck only one)				
Sic	1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER	/Outpatient 3		THER: Nursing Hore	e 5 Realdence	8 Other (Specify)				
PHYSICIAN: MEDICA	27. MANNER OF DEATN	28a. DATE OF INJU		86. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OC	CURED		
	1 Netural 5 Pending	(Month, Day, Ye	our)	INJUR		PRK? YES 2 NO					
ВУ	2 Cutatta	28e. PLACE OF IN.	JURY — At home	, form, stre	et, factory, offic	a .	28f. LOCATION (Stree	t and Number	or Rural Ro	oute Number,	
DE	4 Homicide 8 Could not b	building, etc.	(Specify)				City or Town, Stat	(9)			
Ш	29a. CERTIFIER	CICIANI, To the Control		O MATERIAL DE			ar a company of the				
MP	(Check only	SICIAN: To the best of my I									0.00- 4
COMPLET	2 MEDICAL EXAMI	NER: On the basis of axami	nation and/or inv	estigation, I	n my opinion, c	restri occured at the	time, data and place,	una due to th	re cause(a)	end manner as st	isted.
BE (29b. SIGNATURE AND TITLE OF CERTIF	W J	///	1		29c. LICENSE NU		29d. DAT	E SIGNED	(Month, Day, Year)	
- 1	[T] [/1a.	C 7 A 150	1 1110	4 1 1 1 1		1 //- 7	3057)		1 /1/	102 -	

5470 Riverside Drive, Salisbury, Maryland

- 20050

JAN 1992
Received
Worcester County
Health Dept.

	nours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECOIDS, 1.0. DOX 1310,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	ATE OF MARYLAN	ID / DEPARTI			ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) AIRLE	1 u	JEIR	1		2. DATE OF DEATH MONTH DAY	92	3. TIME OF DEATH		
	331 70 4747	M 2 💢 F	38 YRS. MC	F UNDER 1 YEAR DNTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 17, 19	953 Ca	lifornia		
A C	98. FACILITY NAME (If not institution, give street an Greater Laurel Belt)			Laurel	R LOCATION OF DEA	ITH .		George		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	Maryland Howard		Laur		ZIP CODE		1 YES 2 X NO			
ERA	9605 Jester Court			100	20723		U.S.A.			
BY FUN	1 Never Married 2 Married F	WAS DECEDENT EVER IN U ORCES? 1 YES YES, GIVE WAR OR DATE	2 XINO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll		rk done during mo retired.)	st of working	16b. KIND OF BUS	INESS/INDUSTRY				
N N	Grade 12 17. FATHER'S NAME (First, Middle, Last)		Machine	operaco		Mailin IE (First, Middle, Maiden :				
BE C	Albert Confehr				LaVonne					
10 B	18a. INFORMANT'S NAME (Type/Print) Lavonne Confehr					oute Number, City or Town Scottsdale		wa 85051		
	20s. METHOD OF DISPOSITION		CATION — City or							
	1 Burial 2 Cremation 3 Removal fr 4 Donation 5 Other (Specify)	Gr	ieen Acre			Scottsdale, Arizona				
3	21. SIGNATURE OF FUNERAL SERVICE LICENSIES 22. NAME AND ADDRESS OF FACILITY Donaldson Funeral Home, P.A. 313 Talbott Ave. Laurel, Maryland 20707									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. Approximate interval Batween Onest and Death									
	IMMEDIATE CAUSE (Final disease or condition									
	resulting in death)	DUE TO OR AS A C	OHSEQUENCE OF	60		2 stea	7/			
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	-	,,,,,	nud.	X.			
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR ALL A C		819	me	min	ones	7		
H	that initiated events reaulting in death) LAST	544 5 16 (011 316 11 0	Vitarios de Cital (SC)							
	PART II. Other significant condings co-	thouting to death but	t not resulting in	the underlyin	g cause given in I	Part I. Zkar WAS AN		4b. WERE AUTOPSY FINDINGS		
DICAL	Gertage	D 2	rosi	ul.	goth	PENFOR	NO NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDI					()	- '	7	1 THE 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERY, NO.				LACE OF DEATH (Cho	ick only one)	7			
YSIC	1 YES 2 NO	SPITAL: Inpetient 2 - ENVOyper 28s, DATE OF INJURY			ne S 🗆 Residence (8 C Other (Specify)	www.accinies			
	1 Natural 5 Pending	(Month, Day Year)	A INJU	RY W	YES 2 NO)	67			
ED BY	2 Accident Investigation 3 Solicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specify		nest, factory, offic	m	28f. LOCATION Cover (City or Rent, Rate)	ens officials of trus	Mumbai		
LETE	no- centifier	Ye also have at any large to		~	11					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On							e(s) and manner as stated.		
BE C										
TO E	M NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type. I	Print)	440.	ST	1	70-72		
(3 650	Ft. M.	ente	-RA	186	209	ausi	und		
	31. DATE FILED (MONTH 197) 1 '92	32. REGISTRAN'S SIGNA	widson-Man	dell			6	Jula		

	1. DECEDENT'S NAME (First, Middle, Last)		WED	STE	72	2. DATE OF O	DAY	YEAR 3.	TIME OF DEATH
\	4. SOCIAL SECURITY NUMBER 7 2 7 1 6 2 1 7		73 yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	PITH Year)/	- Company	CE (State or Foreign
5	9a. FACILITY NAME (If not institution, give	street and number)	- Has	9b. CITY, TOWN C	OR LOCATION OF DE		9e. COUN	TY OF DEAT	Н
DIRECTO	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ny City	10c. CITY,	TOWN OR LOCAT					d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER	Midwood	1 Ave	101	Zer CODE	12	10g. CITI	ZEN OF WHAT	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	U.S. ARMED 2X TNO TES	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexical 2XXNO Specify	n, Puerto Ricen,	ecify Yes or No-	Black, W	American Indian, hita, atc. Black
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)		16a. DECEDENT'S L (Give kind of we life. Do NOT use disab	ork done during mo retired.)	ON est of working	16b. KIND	OF BUSINESS/IND		
E COMPLET	17. FATHER'S NAME (Flist, Middle, Last) George Hawkins	Sr.	41345	red	18. MOTHER'S NAM				
10 B	198. INFORMANT'S NAME (Type/Print) Virginia Hannah			•	Ave. Bal	Route Number, Ci	ty or Town, State, Zip	Code)	
	20e METHOD OF DISPOSITION 1	moval from State of a	PLACE AND DATE emetary, crematory of	OF DISPOSITION		2-1	20c. LOCATION		MD
	21. SIGNATURE OF FUNERAL BUTWING	alla 1		Arnold P.O. E	ND ACCRESS OF FA W. Bear Box 188 H	d Fune avre d			
	shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	IT I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. HATE CAUSE (Final arrows arro							
	resulting in death)	DUE TO COR AS A	CONCECUENCE OF						
ATION	Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING	. INTRA	CONSEQUENCE OF	SIAR	BLE	ED			MEE
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	4-CRAT	SIAL	BLE	ED			WEE
L CERTIFI	Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	11AL ::		Part I. 24a	WAS AN AUTOPSY PERFORMED? YES 2 NO	CO OF	MILABLE PRIOR TO MPLETION OF CA DEATH?
: MEDICAL CERTIFI	Sequentielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sent to the significant conditions.	DUE TO (OR AS A C. OUE TO (OR AS A d. One contributing to death be	CONSEQUENCE OF): n the underlyin		Part I. 24a	PERFORMED?	CO OF	MILABLE PRIOR TO MPLETION OF CAI DEATH?
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BY PHYSICIAN: MEDICAL CERTIFICAL	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A C. OUE TO (OR AS A d. DOBE TO (OR AS A d. HOSPITAL: 1 N Inpatient 2 ER/Outp (Month, Day, Year) 28a PLACE OF INJURY (Month, Day, Year)	CONSEQUENCE OF CONSEQUENCE OF ut not resulting in attent 3 □ DOA 28b. TIMI	26. P OTHER: 4 Nursing Hore E OF William M 1	Ig cause given in	Part I. 24a. 1 [eck only one) 8 [Other (Sp. 28d. DESCRIE	PERFORMED? YES 2 NO PICIFY) HE HOW INJURY OC	OF 1	MILABLE PRIOR TO MPLETION OF CA
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFIC	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation and investigation of determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS (Check only one) 2 MEDICAL EXAMINERS (Check only one) 1 CERTIFIER (Check only one) 1 MEDICAL EXAMINERS (CHECK ONLY ONE) 2 MEDICAL EXAMINERS (CHECK ONE) 2 MEDICAL EXAMINERS (CHECK ONE) 2 MEDICAL EXAMINERS (CHECK ON	DUE TO (OR AS A C. OUE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A d. ODE TO (OR AS A DESCRIPTION OF TO (OR AS A DESCRIPTION OF TO (OR AS A ODE TO (OR AS A DESCRIPTION OF TO (OR AS A ODE TO (OR AS	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF Letient 3 DOA 28b. TIME INJ Al home, farm, s ledge, death occurre a and/or investigation	26. P OTHER: 4 Nursing Hore FOF 28c. IN M 1 Rreet, factory, officet, in my opinion,	Ig cause given in LACE OF OEATH (Ch ne 5 Residence JURY AT ORK? YES 2 NO De end place, and due	Part I. 24a. 1 [cock only one) 8 Other (Sp. 28d. DE\$CRIE 28f. LOCATIO City or To to the cause(a lime, data and	PERFORMED? YES 2 NO Polity) HE HOW INJURY OC N (Street and Number with, State) and menner as state place, and due to 1	CUREO CUREO T or Rural Route	YES 2 NO
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1		HEGISTHAN		CEF	TIFICA	ILE OF	DEATH	REG. NO).		
			1. DECEDENT'S NAME (First, Middle, Last)			D A.		O N	2. DATE OF DEATH MONTH D	AY 9	YEAR 2	3. TIME OF OEATH 8 9 M + M
	(P)	4. SOCIAL SECURITY NUMBER 7 577-26-7412	1 M 2 □ F 6	(In yrs. lest bi	YRS. MONT	HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 1 2 - 2 3		Country)	LACE (State or Foreign
	6	1	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. 0	CITY, TOWN O	R LOCATION OF OE		9c. COUNT		ATH
1	1, 2, 3	ECTOR	AA MEDICAL			A	NNAP	OLIS		LAA_C	0.	
500	Pages	8	10a. STATE 10b. COUNTY		3	10c. CITY, TOW	VN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
		DIR	MD AA C	0.		ANNAP	OLIS					1 K YES 2 □ NO
	it permit	RAL	10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZE	N OF WH	HAT COUNTRY?
	transi	FUNER	205 A BOXWOOD					1403		US		
5-0020	the burlal-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR C	2 NO	2 NO If yes, specify Cuben, Maxican, Puerlo Rican, etc.) Black, Wi					- American Indian, White, atc. BLACK	
1215	use as	TED	t5. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	(Give .	e. DECEGENT'S USUAL OCCUPATION Give kind of work done during most of working						
JD 21	detached for once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	Iffe. Do NOT use retired.)				RIAL		
AND.	detach Once.	ŏ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAM	NE (First, Middle, Maiden			
RYL	ज विव		JOHN WELDON			NORA BANKS						
MAR	INCRE,	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. N	AILING ADDR		reet and Number or Rural Route Number, City or Town, State, Zip Code)				
Z 2		F	ALFRED C. WELD	ON								DC 20010
ORE			20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)							CATION - CI		
MO 800 6			4 Donation 5 Other (Specify)	D VA	CEME	TERY		7-92 CH	ELEAN	HAM	, MD	
TIM			21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				O AOORESS OF FAC				
BAL er death	al.		Zarry &	Relac					, ANNAPO			
afte	d in by the or removal		23. PART i. Enter the diseases, or o	complications that cause	d the death	n. Do not en	ter the mod	de of dying, auch	as cardiac or respi	Iratory arres	it,	Approximate
Podurs	lled in		snock, or heart failure. I	List only one cause on e	each line.			A				interval Between Onset and Death
hin 2	V 20 00 1		disease or condition resulting in death)	. Carri	ac	orre	- /-	arrhy	im/hig			tomine
68760 ecuted with	completely ial, cremati c event, t		DUE TO (OR AS A CONSEQUENCE OF):									HY
(68760, executed within		N	Sequentially list conditions,	. Jever	2	Cora	Mari	1 Arl	ery Dis	case		11/1
X a	ysician a prior to traum	CATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUE	NCE OF):		7	11			64.
. B(physician ne prior t	FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A			0	meros	CITTUS	15		75
O. 1	ending physician and c Hygiene prior to buria or other traumatic	RTIF	resulting in death) LAST	Aug	1 prt	Du Ci	- 1.4					Yns
S, F	2 0	8		" "	1	MJ	001					112.
R D	in by	DICAL	PART II. Other significant conditions	a contributing to death b	out not read	viting in the	underlying	cause given in F	Part I. 24a. WAS AN		24b. W	VERE AUTOPSY FINDINGS
ECOI	signed Health a	EDIC	- CV 17 - C		em	par	175	1)	1 YES 2		0	OMPLETION OF CAUSE OF DEATH?
H Joe	of Heal	Σ									1	YES 2 NO
_ &	23 Sept	SICIAN:	or the case perenge to Menical									
PHYSICIAN: The	State (Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEATH (Chec	ck only one)			
F V SICIAN	the the	> 1	1 YES 2 4-NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	-	DOA 4 🗆 I	Nursing Nome	5 Thanklence 6				
N O N	this with	ву рн	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	-	8b, TIME OF INJURY M	28c. INJU WOF		28d. OEŞCRIBE NOW I	NJURY OCCUI	RED	
DIVISION OR ATTENDING I	4 6 m		3 Suicide 6 Could not be	28a. PLACE OF INJURY building, etc. (Spec	f — At homa,	form, street,	factory, offica		261. LOCATION (Street a City or Town, State)	and Number or	Rural Rou	ite Number,
VIS	DIRECTOR: hours after tem 28 is	ETE	4 Nomicide determined	- Mil 196					Ony or lown, States			
08	L DIREC 2 hours f item		29a. CERTIFIER (Check only	CIAN: To the best of my know	rledge, death	occurred at th	ne time, data i	and place, and due f	o the ceuse(a) and man	ner as stated.		
HOSPITAL	FUNERAL within 72 I	COMPL	one) 2 MEDICAL EXAMINER	R: On the basis of axamination	n and/or Inve	atigation, in m	y opinion, de	ath occured at the ti	ma, data and place, an	d due to the d	ause(s) a	and manner as stated.
	TO THE FUNER be filed within IMPORTANT:	ш	296. SIGNATURE AND TITUE OF GERTIFIER				T	29c. LICENSE NUME				Aonth, Day, Year)
	TO THE be filed	0 8	Josh 1, Friend 1217965 > 1/21/92									
		¥	30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
		- 1	Josep IV.	triens	205	- 1210	1gel	1 Ave.	Anna	pulis	W	1. 21401
			31. DATE FILED (Month bay Yang)	32. REGISTRAR'S SIGN	ATURE 00		1				/	7. 2.10

60, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPART CERTIFIC	MENT OF H	EALTH AND	MENT	AL HYGIEI		O	3300	
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DA	TE OF DEATH		3	. TIME OF DEATH	
		ARIE WILSO	ON				n. 26		PAR 2	м	
	4. SOCIAL SECURITY NUMBER	The second secon		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH			ACE (State or Foreign	
1	L ZI3=U5-3738	1 M 2 X F		ONTHS DAYS	HOURS MIN.			. 7903		York	
1	9e. FACILITY NAME (If not institution, give str	Centr	C I	b. CITY, TOWN C	R LOCATION OF	DEATH		9c. COUNT			
õ	Pleasant Living	Convalesce	nt	Edg	ewater			An	ne A	rundel	
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT						od. INSIDE CITY	
DIA	Maryland Ann	e Arundel							- 1	LIMITS?	
AL.	10e. STREET AND NUMBER	e arunder	All	napoli	ZIP CODE			100 CITIZE		T COUNTRY?	
ER.	412 Dewey Driv	0			2740	3			S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	ENDENT OF HISPA	ANIC ORIG	IN? (Specify Ye	e or No.— 14	. RACE -	American Indian	
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yee, spe	city Cuben, Mexic 2 NO Spec	cen, Puert	o Ricen, etc.)		Bleck, V Specify:	Yhite, etc.	
								1	Whit	е	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18e ompleted)	(Give kind of wor life. Do NOT use i	k done during ma	N st of working	10	6b. KIND OF BL	SINESS/INDUS	TRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					O.				
WC	17. FATHER'S NAME (First, Middle, Last)		secr	etary				il Se	rvic	e	
	Edmund M. Evan	5			18. MOTHER'S N						
BE	19e. INFORMANT'S NAME (Type/Print)	3	105 MAILING AL	009509 (Otmot o	nd Number or Rural		len K:				
5	John J. McWill:	iame								0.7	
	20e. METHOD OF DISPOSITION	20h BLA	CEAND DATE OF		rive,		TE 20c. L				
	1. Buriel 2 Cremetion 3 Remov	ral from State cometen	cremeton, or other	nlanal							
	SIGNATURE OF FUNERAL SERVICE LICENSEE Annapolis, 22. NAME AND ADDRESS OF FACILITY										
	Taylor Funeral Chapel 21401										
	23. PART I. Enter the diseases, or complete that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,										
	shock, or neers tailure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Due to (or As A Consequence of):										
	resulting in death) a.	DUE TO OP AS A COL	HONY	1-11	NNO	_					
-	_	PRECIRI	AT DA	1-11111	Alla 1	1 1	ca ma in	4-0			
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS A COM POSSIB DUE TO (OR AS A COM	SEQUENCE OF):	00000	1014	10	117 012	HC.			
S	cause. Enter UNDERLYING					1	DODY	4	Fore		
Ĕ	CAUSE (Disease or Injury that Initieted eventa	DUE TO (OR AS A CON	ISEQUENCE OF):					// /			
E	resulting in deeth) LAST					88	540				
	PART II. Other eignificent conditione	contributing to death but a	ot regulting in	the readed and close		D					
PHYSICIAN: MEDICAL		outilizating to deeth but the	or readiting in	ine underlying	cause given in	Part I.	24a, WAS AN PERFO		AV	RE AUTOPSY FINDINGS AILABLE PRIOR TO	
							1 TYES	NO		MPLETION OF CAUSE DEATH?	
Σ									11	YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL			20 01	OF OF DEATH (O)	4					
SIC	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (CI						
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C		5 Residence	_	er (Specify)	N III DY OCCUP	NEO.		
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOF		200.0	LOW I	NOONY OCCUP	TED		
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY A	t home, farm, stre			281, LO	CATION (Street	and Number or	Rumi Rout	Number	
핃	4 Homicide determined	building, etc. (Specify)				City	y or Town, State,				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledge,	death occurred	t the time date							
M	one) 2 MEDICAL EXAMINER:	On the beele of examination end.	or investigation, i	n my opinion, de	ath occured at the	e to the co	Buse(e) end me	nner ee stated.	01100/01 01	d ====== 1	
	29b. SIGNATURE AND TITLE OF CERTIFIER		-				piace, ar				
B	SILa	d) ma/	6		29c. LICENSE NUI	MBER	0	29d, DATE S	IGNED (Mo	onth, Day, Yeer)	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	ITEM 27) (Type Pr	nt)	V-11	0 9	0	1	27	192	
	S. Hamilton	m.D.		. 1	. 0			1.		2111	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		Ridgel	y tive	, 0	map	0115	\overline{unn}	71401	
	1 14 1 2 × 1992 g	idia Davidson-Man			4		`]	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	The state of the s	CERTIF	ICATE C	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last	LINDA I	MAGNUSSON	N ARENT	Н		DAY	YEAR	TIME OF DEATH	
-	4. SOCIAL SECURITY NUMBER	I INDA	ARENTH (In yrs. lest birthday)				9 1	992	5 : 06 p M ACE (State or Foreign	
	545-42-8218		59 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) $11-6-32$		Country)	ACE (State or Foreign fornia	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOY	N OR LOCATION OF DE			TY OF DEAT		
DIRECTOR	THE JOHNS HOPK	INS HOSPITAL		BALTI	MORE		BALTI			
EC	10a. STATE 10b. COUN			Y, TOWN OR LO	CATION			10	Id. INSIDE CITY	
10	Maryland N/	A	Ва	ltimor	e				LIMITS?	
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ		T COUNTRY?	
FUNERAL	1615 Park Avenue				21217		Ţ	JSA		
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 YES	A X INO	13. WAS	DECENDENT OF HISPAN	C ORIGIN? (Specify Ye	s or No—	14. RACE -	American Indian, /hita, atc.	
BY	3 Widowed XXXXXX	IF YES, GIVE WAR OR	DATES	10	specify Cuban, Mexicer (ES A) AO Specify	, round mean, etc.)		Specify:	White	
COMPLETED	15. DECEOENT'S ED (Specify only highest grad		16a. DECEDENT'S	DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) (Give kind of work done during most of working life. Do NOT use retired.)										
M	17. FATHER'S NAME (First, Middle, Last)	5+	Vice Pr	es. of	Nursing			kins !	Hospital	
		Va				NE (First, Middle, Meider				
BE	Crosby Winfred 19a. INFORMANT'S NAME (Type/Print)	Magnusson	10h MAII ING	ADDRESS (C)	et and Number or Rural R	rta Maxe				
2	Craig Myers-Are	nt h	1		enue Balti				7	
	20a. METNOD OF DISPOSITION	20	b. PLACE AND DATE	DE DISPOSITION	(Neme of					
	1 Dention 2 Maryland State 200. For End of the Place State 200. Location - City or Yown, State 200. Location - City or Yown, State 200. Location - City or Yown, State 200. Location - City or Young State 200.									
	H. BIGNATURE OF FUNERAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home									
	Dennis Step	Hen Xenakis	M00640	6500	York Road	Baltimor	e. Man	rvland		
	23. PART i. Enter the diseases, or ehock, or heart failure	List only one cause on	d the deeth. Do r	ot enter the	mode of dying, auch	es cerdiec or resp	iretory arre	et,	Approximate	
	ehock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition									
	disease or condition resulting in death)	B. DUE TO (OR AS	langitic	sprc.	a in lun	5			to 1 month	
				•	1	,				
ON	Sequentially liet conditions,	W.	A CONSEQUENCE OF					2 yrs 9 mes.		
Ä	if any, leading to immediate cause. Enter UNDERLYING		A GONGEOGENOE OF	.,.						
Ĭ.	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF	j:						
EDICAL CERTIFICATION	resulting in death) LAST	d								
L'E	PART II. Other eignificant condition	ne contributing to deeth i	but not resulting i	n the underly	ing ceuee given in F	Pert I. 24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
<u>S</u>	Hon					PERFOI	. 1	AVA	MILABLE PRIOR TO MPLETION DF CAUSE	
ME						_ TO TES 2	XNO		DEATH?	
ż						_		''	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCRITAL			PLACE OF DEATN (Chec	k only one)				
YSI	1 TYES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 - Residence 8	☐ Other (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM		WORK?	28d. OEŞCRIBE NOW I	NJURY OCCU	RED		
₽	2 Accident Investigation	20 71 422 22 24 24 24			YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, a city)	treet, factory, of	fice	281. LOCATION (Street and City or Town, State)	and Number or	Rural Route	Number,	
<u>-</u>	29e. CERTIFIER									
COMPLETED	(Check only CEHTIFYING PHYS	ICIAN: To the best of my know	rledge, deeth occurre	d at the time, d	ite and placa, end due t	o the cause(s) and ma	nner as stated	1.		
8		ER: On the baels of exemination	on and/or investigation	n, in my opinion	, death occured at the H	me, date and place, an	d due to the	ceuse(s) and	d manner as atated.	
H H	296. SIGNATURE AND TITLE OF CERTIFIE	M.D.			29c. LICENSE NUME		29d. DATE S	SIGNEO (Mor	nth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI		ATN (ITEM AT (T)	(Prince)	D4085		2	1919	12	
	Yvonne Ottaviai	600 N. U	POLICE ST. MAL ZI		Johns (to)	okun Hosi	oune			
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIE SIGN	ATURE	-						
	FEB 1.1	1992 gune	Davidson-A	a fa-frage						

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REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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10:26 AM Bessie Aiken February MG, 1992AR 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign connecticut C 1 M 2 X F HAPPIN, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

PARENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital Baltimore, City BY FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c CITY, TOWN OR LOCATION 10d. INSIDE CITY 1+0 Maryland more 1 YES 2 NO 10g. CITIZEN OF 10f. ZIP CODE WHAT COUNTRY? 2121 . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea o 14. RACE 1 Never Married 2 Married Black 1 TYES 2 NO 3 Wildowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166, KINO OF BUSINESS/INDUSTRY (Specify only highest gra-Elementary/Secondary (0-12) College (1-4 or 8+) stic me the medical examiner must be notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Town, State, Zip Code) 2 onvelegeent & Nursing th Ito MD 20a. METHOD OF DISPOSITION
1 Rurlal 2 Cremation
4 Donation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Buriel 2 Cremation 3 Donation 8 Other (Specify) metera 2-11 ion 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Altinoverte 21217 TVING Bro 00 1057 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death Cardio Vasc Athero disease or condition resulting in death) sclerotic event. DUE TO (OR AS A CONSEQUENCE OF) Injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE er shows any 1 TES 2 NO OF DEATH? 1 | YES 2 | NO MPORTANT: II Item 28 is marked, or Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO npetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence B Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF CERTIFIEF BE 29c, LICENSE NUMBER Am atun eem 2 AMA 31. DATE FILED (M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmital Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 een signed by the atter i: After this certificate has been redeath with the State Dept. o is marked, or item 23 st HOSPITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: A hours after d item 28 is TO THE FUNERAL D be filed within 72 h IMPORTANT: If It

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN John B. Amrhein Jr. YEAR Feb. 6, 1992 3:35 P.M. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Qay, Year)
April 18,1930 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Maryland 216-24-8659 1 X M 2 F 61 HOURS VBS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10q. CITIZEN OF WHAT COUNTRY? 4005 Ardley Avenu 21213 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? KIX YES 2 ☐ NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
 If yes, specify Cuban, Mexicen, Puerto Rican, etc.)
 T YES 2 ND Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 XXMerried ВУ 3 Widowed 4 Divorced Specify: White Korean COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5 +) NA NA Bookkeeping Catering Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) John B. Amrhein Sr. Susan Amend 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna Amrhein (Wife) 4005 Ardley Ave., Baltimore, Md. 21213 20a, METNOD OF DISPOSITION
1 X Burlel 2 Cremetlon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Gardens of Faith Cemetery 4 Donation 5 Other (Specify) Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, 21213 23. PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart fellure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition Ventricilar Arrytuin Sullen reculting in death) Artery disuse CERTIFICATION Coronary Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO t TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: I YES 2 NO 1 | Inpetient 2 | ER/Outpetient DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide ETED. 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as steted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 3 Down 12/7/82 D20673 5 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Dr. George Lowe, 5810 Belair Road, Baltimore, Md.

32. REGISTRAR'S SIGNATURE
4 1000 Fulia Varidon Andres

BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physicia	the funeral director, page 5 should be detached for use as the burial-ti
	nours aft	d in by
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to

burial-transit permit, Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires

	CURTIS C. ATT	FRIDGE							02	03590	
	FOR STATE	STATE OF MARY	LAND / DEPAI	RTMEN	T OF H	EALTH	AND N	MENTAL HYGIEN	F		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF					REG. NO	FEB.	7,1992	
	CURTIS	C	Att	RI	1 6	75		2. DATE OF DEATH DO TO	199	3. TIME OF DEATH 5:46 P M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BURTH	I a	BIRTHPLACE (State or Foreign	
	155-20-2075	122	64 YRS.	MONTHS		HOURS	MIN.	DEC. 11,1927 NEW JERSEY			
<u>م</u>	9a. FACILITY NAME (II not institution, give a SUBURBAN HOSPIT.			9b. CIT	Y, TOWN O	HESDA		ATH	HO. HAVE	Y OF DEATH TGOMERY	
5	RESIDENCE OF DECEDENT						MON.	IGOMERI			
DIRECTOR	MD. 10b. COUNT	TGOMERY GAITHERS				CDITOC LIMITS?				LIMITS?	
	10e. STREET AND NUMBER			UAL L		1 ☐ YES 2 ☒ NO 1. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?					
FUNERAL	22512 ROBIN COURT				20882					USA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES QIVE MAR OR DATES WWIII			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:				or No- 14	Black, White, atc.		
	15. DECEDENT'S EDU		16a. DECEDENT'S	I I I I I I	CCLIBATIO	N		ARE KIND OF BUILD		WHITE	
ETE.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6 +)	(Give kind of life. Do NOT u	work done	during mos	t of working	a		B.M.		
COMPLETED	12	4	ENGIN	EER				COMPUI	ER CO	•	
	17. FATHER'S NAME (First, Middle, Last) THOMAS W. ATTR	IDGE						RUDE CAT			
) BE	19a. INFORMANT'S NAME (Type/Print)	TINCE	19b. MAILING	ADDRES	S (Street an			loute Number, City or Tow		ode)	
5		RIDGE			# 10						
	20a. METHOD OF DISPOSITION 1 General Surface State 1 General Surface State 20b. PLACE AND DATE OF DISPOSITION (Name of Committee), cremetory of other (specify) METROPOLITAN CREMATORY 20c. LOCATION — City or Town, State 2711 ALEXANDRIA, VA.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882										
	Mary N.	Backe	1	_ 2	1525	LAY	CONS	VILLE RD.	LAYTO	NSVILLE, MD.	
	23. PART (. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	disease or condition						Onset and Death				
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	1		_		~ ~	100000	
N O	Sequentially list conditions,	b. Turedo	A CONSEQUENCE O	8 W	du	e 7	10	Caralra	2_ Th	rollow to day	
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. Heroul	The state of the s	*	200	\$ 0	ده ا	es listo	reth	4 1 Day	
THE	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	Fi:	+	T					
CEH		d. WCC	eshies a	y C	Son	ron					
SAL	PART II. Other aignificent condition	is contributing to deeth	but not resulting	in the u	nderlying	cause gl	lven in F	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL								1 TES 2	₩ NO	COMPLETION OF CAUSE OF DEATH?	
Σ.										1 YES 2 NO	
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
IYSI	1 YES 2 NO 1 IN Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	1 Natural 5 Pending (Month, Day, Year)			Db. TIME OF 28c, INJURY AT WORK? M 1 YES 2 NO			26d, DESCRIBE HOW I	d. DESCRIBE HOW INJURY OCCURED			
D BY	2 Accident 3 Suicide 6 Could not be building atr (Spaciful) 28e. PLACE OF INJURY — At home, larm, street, factory, office 28i. LOCATION (Street and Number							nd Number or	Rural Route Number,		
E .	4 Homicide determined City or lown, State)										
Success and Number of Rural Route Number, street, stre											
) BE	Jangust.	H- 6	forma	Mu	5		-	27	DATE S	FOLT 9.2	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF T	FATH (ITEM 27) (Time	Drint)		-			0		

31. DATE FILED (Month, 019 B 104 01 1992

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Sura after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND N	MENTAL HYGIENE REG. NO.		- 00051	
	1. DECEDENT'S NAME (First, Middle, Last)	TINE	B	ERW	ANGER	2. DATE OF DEATH MONTH DAY	7 92	8:50 PM	
	4. SOCIAL SECURITY NUMBER 092-05-9836	1 1 2 F	E (In yrs. lest birthday) 82 YRS.	MONTHS DAY	'S HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 7/16/1909			
5		9a. FACILITY NAME (If not institution, give atreet and number) Maryland Manor Nursing Home			Burnie	АТН	9c. COUNTY O	e Arundel	
DIRECTOR	10a. STATE 10b. COUNT	10a. STATE 10b. COUNTY			nie		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
	100. STREET AND NUMBER 99 Elm Avenue				10f. ZIP CODE 21061		10g. CITIZEN OF WHAT COUNTRY?		
BY FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPAN , specify Cuban, Maxical YES 2 NO Specify	or No- 14. R	ACE — American Indian, lack, White, atc. pecify: White		
COMPLEIED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 12th Grade	ICATION o completed) College (1-4 or 5+)		s usual occur f work done during use retired.) rician	ATION g most of working	16b. KIND OF BUS	INESS/INDUSTR		
BE CO		Nicholas Berwanger Katie Green							
2	Marion Berwanger	:		e address (Str Elm Ave		en Burnie,			
	26s. METHOD OF DISPOSITION 1 General 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	other place of dispersion of the place) Metro Cre	ematory		Bal	cation — city o Ltimore	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE C	Dai	Geo		сыту nce Funeral Hwy. Balti			
HILLAIION	23. PART i. Enter the diseases, or shock, or hart fellure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due TO (OR A	bable	OF): oth	diac	as cerdiec or respir	retory arrest,	Approximete interval Between Onset and Deeth Mc La La La La La La La La La La La La La	
PHYSICIAM: MEDICAL CE	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. Contribution of cause 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	lutpatient 3 DOA	OTHER:	Home 5 Residence				
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	28b. T(IME OF 28c	WORK?	26d. DE\$CRIBE HOW II	NJURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJU- building, atc. (S	JRY — At home, farm specify)	, atreet, factory,	offica	26f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,	
COMPLETED	anal and	SICIAN: To the best of my kn						se(s) and menner as stated.	
O BE	Seb. SIGNATURE AND TITLE OF CERTIFIE	parbety	My		D29	767	29d. DATE SIG	OS 92	
	31. DATE FILED (Math) Day, Year)	Ranbek.	DEATH (ITEM 27) (Ty)	841	8 13+1	9 131 4	. Pa	redone ms)	
	FEB 1 1 199	2 Julia Dav	idson Aanda	M.					

BALTIMORE, MARYLAND 21215-0020	: The law requires that the death certificate be executed within 24 s after death, Page 6 may be retained by the hospital or attending physician.	h by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	idical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	i. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	S. FINE OF DEATH										
	BESSIE LOUIS					ユ	10	92	18 20 B W			
	4. SOCIAL SECURITY NUMBER 5. SEX 231-22-4310 1 □ M	2 D. AGE (NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y 9-06-24	hari	8. BIRTHE Country	PLACE (State or Foreign			
OR	se. FACILITY NAME (If not institution, give street and in University Hospital	number)		Baltin	OR LOCATION OF DE	EATN	9c. C0	DUNTY OF DE	ATN			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD		10.00	own or Local	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10. STREET AND NUMBER 5446 Lynnview			101	21215		10g. C		HAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married FOR	N U.S. ARMED 2 NO ATES	U.S. ARMED 13. WAS DECENDENT OF NIS 1 NO 14 yes, specify Cuban, Me			Ify Yea or No—	14. RACE	- American Indian, White, etc.				
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5 +)		(Give kind of work life. Do NOT use re	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			OF BUSINESS/II	NDUSTRY				
Z Z			Cashier									
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, A	faiden Sumame)				
2	isaiah Hamilin	-		Bessie								
2	James boots			6 Lynnview Ave Baltimore, MD. 21215								
	200 METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Removal from	. PLACE AND DATE OF C	ND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, St									
	4 Donation 5 Other (Specify)		Nacion	al			Laurel	, MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	D. 6	Brown	Jose	oh H. Bro	own Jr.		lio	MD. 21223			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	nady OUE TO (OR (GA ethyl	consequence of: consequence of: consequence of:	/ Ly	poter lote.	intop	iest	ión	Onset and Death			
_	PART II. Other algnificant conditions contri	butles to death b	ut ant available to	La contra de desta	1				1			
FATSICIAN: MEDICAL	etastatie _pathologie	fro	•	hip	Lease given in	L PI	AS AN AUTOPS' ERFORMED? (ES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
5	29. WAS CASE REFERRED TO MEDICAL PAGE P	ITAL:	I o	26. PL THER:	ACE OF DEATH (Ch	eck only one)						
	1 VES 2 XHO 1 XInp	atlant 2 - ER/Outp	etient 3 🗆 DOA	☐ Nursing Nom	6 G Residence							
10	1 Haturst S Pending 2 Accident Investigation	(Month, Day, War)	28b. TIME O	wo	RK7 'ES 2 _ NO	26d. DEŞCRIBE I	NOW INJURY O	CCURED				
	3 Suicide Could not be building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, etreet, factory, office City or Town, State) 28s. CCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the								and manner as stated,			
20	296 SIGNATURE AND TITLE OF CERTIFIER	moc	hief or Reside	tho	29c. LICENSE NUM	1BER	29d. DA	ATE SIGNED	Month, Day, Year)			
2	MAME AND ADDRESS OF PERSON WHO COMPLET. Schimandle M.	ETED CAUSE OF DE	ATH (ITEM 27) (Type, Pris	n()	,225.	Greens	St.	Bal.	t. mo			
	31. DATE FILED (Month, Day, Year) 33. FEB 1 1 1992 44	REGISTRAR'S SIGN.	ATURE					7	1201			

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

1

Fashola M. Bethea 2. DATE OF DEATH 3. TIME OF DEATH BETHEA YEAR FASHOLA 8:47P 02 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or 5 213 32 7126 1 M 2 56 DAYS 06 Maryland 16 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore ======= RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3040 Seamon Avenue use as the bunal-transit 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES ΒY 3 Widowed 4 N Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working iffe. Do NOT use retired.) director, page 5 should be detached for Elementary/Secondery (0-12) College (1-4 or 5+) 12th Grade Housewife Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at Johnson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stelle, Zip Code) Lenora Smith 2429 Harriett Avenue Baltimore, Maryland 21230 e 20e. METHOD OF DISPOSITION
1 № Burlet 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State examiner must cemetery, crematory or other place)
Crestlawn Memorial Park Donetion 5 C Other (Specify) 2-10 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. the medical 23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximata intarvai Bstwean IMMEDIATE CAUSE (Final attending physician and completely filler intal Hygiene prior to bunal, cremation, Onset and Dasth disesse Dr condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): CISUS WAYN traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in desth) LAST EFFUSION - METASTATIC 50 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? MASKER 1 YES 2 | NO has been a Dept. of H 1 YES 2 NO PHYSICIAN: HYPORPNION AVAJOULAR NETROFL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1. Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: the 0 6 Other (Specify) 27. MANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this cu 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After 2 Accident DIRECTOR: Aff hours after de Item 28 is n 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 6 Could not be 281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(s) end menner es stated. 250: SIGNATURE AND TUTLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) HOUSE OPPICEN AS2F416/4-17 8 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LONGRA PANGUILIG 3001 HANOVEN ST BALTO 21230 31. DATE FILED (Month, Day, Year) - FEB 1 1 1992 32. REGISTRAR'S SIGNATURE his Favidson Randoll OHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

00100 00

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 4, per F.H. G-691 9/	29/92 reb	:01 2/2	/00 1			92		13594
	Item:23 part 1,27 pe. 1-STATE 2/19/92 reb STATE OF MARYLAI negistrar Item: 1 per F.H. G-684	ND / DEPARTM	MENT OF H	EALTH AND DEATH	MENTA	L HYGIEN	E	U	13394
	1. DECEDENT'S NAME (First, Middle, Last) AKA Jeffrey B		BROW		2. DATE MONT 0.2	OF DEATH		YEAR	3. TIME OF DEATH
	213-78-4844 213-78-4884 XDM2DF 27	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	8/2	OF BIRTH th, Day, Year) 22/1964			PLACE (State or Foreign
TOR	9e. FACILITY NAME (If not institution, give street and number) 900 blk. E. CHASE STREET RESIDENCE OF DECEDENT		BALTIM	R LOCATION OF D	EATH		9c. COUNT	Y OF D	EATH
L DIRECTOR	10a. STATE 10b. COUNTY MD 10a. STREET AND NUMBER			RE CITY					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2818 KENNEDY AVE BALTO,	MD.	101.	21218			10g. CITIZEN OF WHAT COUNTRY?		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 TNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify II yes, specify, Cuban, Maxican, Puerto Rican, etc. 1 YES 2 ZNO Specify:			N? (Specify Yes Ricen, etc.)	or No-	4. RACE Black Specif	— American Indian, , White, atc. ly: NEGRO
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mos tired.)	t of working	168	. KIND OF BUS	INESS/INDU	STRY	NEGRO
MO.	17. FATHER'S NAME (First, Middle, Last)	UNE	MPLOYEL	16. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
BEC	THOMAS BROWN 19a. INFORMANT'S NAME (Type/Print)	DIE 1	NELSON		··.				
임	PATRICIA BROWN		ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) KENNEDY AVE, BALTO, MD. 21218						
		LACEAND DATE OF D	SPOSITION (Nan		27		ATION - CI	ty or Tox	wn State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	211011	JOSEE	D ADDRESS OF FA	SS F				///:
	21. PART I. Enter the diseases, or complications that caused t shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A C	th lina.	anter the mod	W NORT	h as care	diac or raspli	ratory arre	at,	Approximata Interval Batwee Onset and Deat
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but	he undarlying	causa given in	Part I.	24s. WAS AN PERFORI	WED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO HOSPITAL: 1 \(\text{ opatient } 2 \) ER/Outpath		THER:	ACE OF DEATH (Ch			ON ST	REE	T T
	27. MANNER OF DEATH 1. Natural Superioring 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	RY AT		CRIBE HOW IN			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 28a. PLACE OF INJURY — All home, farm, street, factory, office 28i. I						LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination e								end menner as steted.
H H	296. AIGNATURE AND TITLE OR CERTIFIER	w		O.C.M.	ABER		29d. DATE S	SIGNED ((Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH MENGRAPH ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH A KORETU 11			BALTI		E MARY			
	31. DATE FILED (Morith, Day, Year) FFB 1 1 1992 Suma Daylos	URE PONDER			- //	,			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second secon
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE ()F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	H		REG NO

1 - FOR STATE REGISTRAR	STATE OF MAR		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, I	ast)			2. DATE OF DEATH MONTH DAY	Y YEAR	3. TIME OF DEATH			
STEFANTE 4. SOCIAL SECURITY NUMBER	5. SEX 6. A		UNDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN.	(8.4 at	8. BIRT	HPLACE (State or Foreign try)			
577-48-3510 Se. FACILITY NAME (If not institution,			0EATH	9c. COUNTY OF	ištria DEATH				
Doctors Communication RESIDENCE OF DECEDEN 10a. STATE 10b. CC Md. I		Lanham	Prince George's						
Md.	rince George	Bow	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
12521 Caswell	Lane		101. ZIP CODE 2071	5		WHAT COUNTRY?			
10e. STREET AND NUMBER 12521 Caswell 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 100 If yes, spot				DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—s, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — Am Black, White Specify: Specify:				
15. DECEOENT'S (Specify only highest Elementary/Secondary (0-12) 7 17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed) College (1-4 or 5 +)	IAL OCCUPATION done during most of working lined.)	White 16b. KIND OF BUSINESS/INDUSTRY OWN Home						
17. FATHER'S NAME (First, Middle, Las Unobtainable	•	16. MOTHER'S	er's NAME (First, Middle, Melden Sumerne) obtainable Friedman						
P Gena Winstead		9532 P	ne Terrace Co	el Route Number, City or Town	n. State, Zip Code) mere, F.	1. 34786			
20a. METHOD OF DISPOSITION 1	Ramoval from State	20b. PLACE AND DATE OF D cemetery, prematory or other Metro Cres	ISPOSITION (Name of place)		timore.				
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Amen	22. NAME AND ADDRESS OF Gary L. Kaui 5695 Main St	facility Sman Funeral	Home	21227			
23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	ased the death. Do not on each line. Spinstry and AS A CONSEQUENCE OF: Malignant and	rst.	uch as cardiac or respir	atory arrest,	Approximate interval Batween Onset and Dasti			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	D	4芳.		3 monts					
PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Distribution Part Performed Performed P								
25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigat	26s. DATE OF INJU	IRY 285 TIME O	Nursing Homa 5 Realdence 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED				
	bullding, atc.	URY — At home, farm, atree (Specify)	t, factory, office	28f. LOCATION (Street ar City or Town, State)	nd Number or Rursl	Route Number,			
	(Check only conscious) [Check only conscious and place, and due to the cause(a) and mariner as stated.								
296. SIGNATURE AND TITLE OF CERT	1	M 0 .		1UMBER 3979	29d, CATE SIGNED	O (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON	Golfant Fox		nite 121	Bowie Mo	20715	/			
31. DATE FILEO (Month, Dey, Year) FEB 1 1 199	2 REGISTBAR'S	GIGNATURE PANDAR		7.7.					

REGISTRAR		CI	ERTIF	ICATE OF	DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Les	0					2. DATE OF	DEATN		3.	TIME OF DEATH	
Wilmer Joseph	Brown					02-1	0-199	2	YEAR	8:45 A.	
4. SOCIAL SECURITY NUMBER 213-05-7849	5. SEX	8. AGE (In yrs. las	t birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 05-0)	ey, Yber)		8. BIRTNPL	ACE (State or Foreign	
9a. FACILITY NAME (If not institution, gives 101 Eugene Average of decement)			TY OF OEAT								
10e. STATE 10b. COUR Maryland N/A				y, town on Local						od, INSIDE CITY LIMITS? YES 2 \(\text{N} \) NO	
100. STREET AND NUMBER 5101 Eugene Av	100. STREET AND NUMBER 5101 Eugene Avenue									AT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 N WAR OR DATES	MED NO	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Curban, Mexican, Puerto Rican, et 1 YES 2 NO Specify:				14. RACE — Black, W Specify: Vhite	American Indian, Vhite, etc.	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 8th Grade	(Specify only highest grade completed) (Give kind of life. Do NOT use the content of life. Do NOT use the content of life. Do NOT use the content of life. Do NOT use the content of life. Do NOT use the content of life.					S USUAL OCCUPATION work done during most of working use retired.) 16b. KIND OF BUSINESS/INDUSTRY					
17. FATHER'S NAME (First, Middle, Last)		Enc	jinee	r				1 Rai	Iroa	1	
Charles Brown					18. MOTHER'S NA	ME (First, Midd	lle, Maiden	Sumame)			
19a, INFORMANT'S NAME (Type/Print)		101	h MAII INC	ADDRESS (Steel	Eva	Doubs Mumber	Clar as To	n Class 75	Codel		
The state of the second							AG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eugene Avenue, Baltimore, Maryland 2120				
				OF DISPOSITION (N							
20s, METHOD OF DISPOSITION 1 AS Burlai 2 Cremation 3 Removal from State 4 Denation 5 Other (Specify) WOOD 1 aw				ther place)	her place)			oate 20c. LOCATION — City or Town, State /13 Baltimore, Maryl			
21. SIGNATURE OF FUNERAL SERVICE	M. Zu	upher	/	John (C. Miller	Inc.				land 2120	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events)	b	O (OR AS A CONSEC	DUENCE OF	F):						Jein	
resulting in death) LAST d PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part is							Part I. 24a, WAS AN AUTOPSY PERFORMED?		AM CO OF	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 -NO	
25. WAS CASE REFERRED TO MEDICAL									1		
EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Ch						
1 YES 2 NO		ER/Outpetient 3			ne 5 Residence						
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2					ORK? YES 2 NO	28d. DESCRI					
3 Suicide 8 Could not be determined	building.	OF INJURY — At ho, etc. (Specify)	me, rarm, r	street, factory, offic		20t. LOCATIO City or To	own, State)	nd Number o	r Rurai Routi	» Number,	
29e. CERTIFIER 1 CERTIFYING PHY one) 2 MEDICAL EXAMI	SICIAN: To the best of a									nd menner as stated.	
296. SIGNATURE AND TITLE OF CERTIF	4	220			29c. LICENSE NUI		I			onth, Day, Year)	
John & C	Rem	_~_			D20-					11-92	
on name and gooress of person to Dr. John G. La											
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE									

THE GRATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

In the confliction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

In the 12 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ANERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. ISPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. be notified at once. injury, or other traumatic event, the medical examiner must shows any IMPORTANT: If Item 28 is marked, or item 23

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

2

Sequentially list conditions, if any, leading to immediate

cause. Enter UNDERLYING

1. DECEDENT'S NAME (First, Middle, L	•	0						DAY	YEAR	3. TIME OF OEATH
MATTHEW		С.		BC	TA		02 03	199	2	11:17 am
4. SOCIAL SECURITY NUMBER 069-48-7465	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		(Month, Day, Year) Co		Country)	RTHPLACE (State or Foreign ountry) EW YORK	
9a. FACILITY NAME (If not institution, g	ive street and number)		-	Db. CITY, TOW	N OR LOCATI	ON OF DE		-	TY OF DE	
549½ SOUTH CATON AVENUE					IMOR	E (CITY			
RESIDENCE OF DECEDENT 10e, STATE 10b, CO		10c CITY	TOWN OR LO	CATION					10d. INSIDE CITY	
							BALTIMORE CITY			
10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?					
549 S. CATON A	VENUE					212:	29		U.5	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed MX Divorced	RMED NO	It yes,	ECENDENT C specify Cube ES XIX NO	n, Mexica	NIC ORIGIN? (Specify Y In, Puerto Ricen, etc.) Y:	se or No-	14. RACE - Black, Specify	- American Indian, White, etc.		
15. DECEDENT'S (Specify only highest of	ECEDENT'S US	SUAL OCCUPA	TION most of working	na	166, KIND OF B	USINESS/INDU	STRY			
Elementary/Secondary (0-12)				PAINTER			SCHOENFELD CO		0.	
17. FATHER'S NAME (First, Middle, Last		18. MOTHER'S NAME (First, Middle, Malden Surname)								
THEODORE BOTA				VERA NOT KNOWN						
19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING A	DDRESS (Street			Route Number, City or To			
MARY FEEHLEY										ND 21236
20e. METHOO OF DISPOSITION 1\(\) Burlel 2 \text{Cremetion 3 1} \\ 4 \text{Donation 5 \text{Other (Specify)}} \)	ANDDATEOF	DISPOSITION	Name of		DATE 20c, L	OCATION - C	ity or Tow			
21. SIGNATURS OF FUNERAL SERVICE	W Fee	1	GARRISON FOREST V.A. CEM. 2/11 OWINGS M 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNI 7922 WISE AVENUE DUNDALK MD					NDALK	INC. 21222	

CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO ne 5 🕅 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 02/03/1992 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO SUBJECT HANGED SELF 2 Accident 28s. PLACE OF INJURY — At home, lerm, street, lectory, office building, etc. (Specify) 281. LOCATION (Street and Number of Burel Brute Number ATON Chy or Foun. Step 4 9 2 SOUTH NCATON AVENUE BALTIMORE, MARYLAND 3 Suicide
4 Homicide AT HOME

FEB

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29d. DATE SIGNED (Month, Day, Year) 02/04/1992 o.c.m.e.

Investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

BALTIMORE. MARYLAND

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated.

PENN STREET

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

line Tavidson- Fandell

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

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BOX 68760,	
, P.O.	
RECORDS,	
OF VITAL F	
DIVISION	
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244-48-7511 1 🗌 M 2 🖵 F 68 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 512 N. Collington Avenue Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION Maryland none Baltimore City 10e. STREET AND NUMBER 10f. ZIP CODE 512 N. Collington Avenue 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest Elementary/Secondary (0-12) 12th grade College (1-4 or 5+) Housekeeping none 17. FATHER'S NAME (First, Middle, Last) Dempsey Worley notified at 190. INFORMANT'S NAME (Type/Print) Woodrow Bobbitt 9 20a, METHOD OF DISPOSITION
1.2 Burlai 2 Cremetton 3 Rai
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must Meretery, or other classes that the control of the classes of the 21. SIGNATURE OF FUNERAL SERVICE LICENSAR examiner B. Som filled in by the fution, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line IMMEDIATE CAUSE (Final I completely filled inal, cremation, o or other traumatic event, the disease or condition_ within resulting in death) executed attending physician and con CERTIFICATION Sequentially list conditions, AS A CONSEQUENCE OF If any, leading to immadiata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST n signed by the attend I Health and Mental H 23 shows any injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL Metastatic Carcinoma - unknown (metastatic carcinoma-unknown primary certificate has been in the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL item ; **EXAMINER?** HOSPITAL: 1 YES TO NO OTHER: 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 0 the 26a. DATE OF INJURY (Month, Day, Year) L DIRECTOR: After this centhours after death with the litem 28 is marked, o 27. MANNER OF DEATH 28b. TIME OF INJURY this c 1 Natural 5 Pending BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be detarmined BE COMPLETED 4 Homicide 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. DETANT 29b. SIG Edward Ellerbeck

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

MARY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 92 02 - 09-7. DATE OF BIFTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign North Carolina - 01 9c. COUNTY OF DEATH none

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, atc. Negroid 16b. KIND OF BUSINESS/INDUSTRY Johns Hopkins Hospital 18. MOTHER'S NAME (First, Middle, Maiden Surname)

10g, CITIZEN OF WHAT COUNTRY?

United States

Mollie Taylor 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21205

512 N. Collington Avenue Baltimore, Marylan DATE 20c. LOCATION - City or Town, Stata Baltimore, Maryland

22 NAME AND ADDRESS OF FACILITY CALVIN B. Scruggs Funeral Home 1412 E. Preston St, Balto, Md.

8 years (renal failure)

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

21205

HOURS

BOBBITT

5. SEX

6. AGE (In yrs. last birthday)

rtension (Hypertension) 20 year & Cyca.

24a. WAS AN AUTOPSY 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

Approximate

Interval Betwe

Onset and Death

26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26t, LOCATION (Street and Number or Rural Route Number City or Town, State)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner as stated.

NATURE AND TITLE OF CENTRIES	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day,)	feer)
ward elliberth	035403	> 2/10/	22
	and the second	1/6/1	1

who completed cause of Death (ITEM 27) (Type, Print) 1830 E. Monument St. Balto, Md. Deck beck, 1830 E. Monument St. Balto, Md. 21205 31. DATE FILED (Month, Day, Year) 1 6 -

32. REGISTRAR'S SIGNATURE whia Davids

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Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	שני מינים של	TILL TE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit was	med within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED

2 30. I

29b. S

92 03599 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3 **BELL** 1992" MARY E. February 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) Sept 13 1919 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-56-2516 1 M 2 V F 72 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Good Samaritan Hospital Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3208 Wisteria Avenue 21214 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY nentary/Seco College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Schick Jenny Hildebrandt BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 William A. Bell 3208 Wisteria Avenue Baltimore, Md. 21214 20s. METHOO OF DISPOSITION

1 XX Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Gardens of Faith 2/13/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Knight Jr. Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road 23. PART I. Enter the diseases, or complice ns that paused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory erreet, Approximats shock, or heart fallure. Ltst only Intervel Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) Lus CERTIFICATION war 41 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING 4-6 CAUSE (Disease or Injury 00~ DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST aug PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

1 TYES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

EXAMINATE .			26. PLACE OF DEATH (0	Check only one)	
1 XES 2 XNO	HOSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: Irsing Home 5 - Residence	8 Other (Specify)	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	
3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, ferm, street, fac	ctory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)	

29e. CERTIFIER		
(Check only	ER nly 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the	ceuse(e) and menner as stated
	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time of	

		my spending are in occasion at the little, date end pr	see, and due to the couse(s) end menner ee stated.
GNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Qay, Year)
1/12/1 KJ 500	Ch. J.		1 0 10 00

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AME AND ADDRESS	OF PERSON	WHO COMPLETED	CAUSE (OF DEATH	(ITEM 27)	Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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12 J.W. TRUETH & SON BUTCHER JAMES BANNISTER 18. MOTHER'S NAME (First, Model, Massion Summany) JAMES BANNISTER 180. MALING ADDRESS (Street and Number or Rent) Roots Macros. Cap or Som. Stells. 72 Code) HILDA BANNISTER 28.20 OAKLEY AVE. BALTIMORE. MARYLAND 21215 18. MOTHER'S NAME (First, Model, Massion Summany) 18. MOTHER'S NAME (First, Model, Massion Summany) 18. MOTHER'S NAME (First, Model, Massion Summany) 18. MOTHER'S NAME (First, Model, Massion Summany) 18. MOTHER'S NAME (First, Model, Massion Summany) 18. MALING ADDRESS (Street and Number or Rent) Roots Macros. Cap or Som. Stells. 72 Code) 18. MALING ADDRESS (Street and Number or Rent) Roots Macros. Cap or Som. Stells. 72 Code) 18. MARYLAND ADDRESS (Street and Number or Rent) Roots Macros. Cap or Som. Stells. 72 Code) 28. MARK AND OATE OF DISPOSAL SERVICE LICENSEE 18. MOTHER'S NAME (First, Model, Massion Stells) 28. NAME OAD CAP STELLS (First The diseases of processing of stells) 29. MARYLAND ADDRESS (First And Stells) 29. MARYLAND ADDRESS (First And Stells) 29. MARYLAND ADDRESS OF FACILITY 29. MARYLAND ADDRESS OF MARYLAND ADDRESS OF FACILITY 29. MARYLAND ADDRESS OF MARYLAND ADDRESS OF SANTH ADDRESS AND ADDRESS OF SANTH ADDRESS OF SANTH ADDRESS OF SANTH ADDRESS OF SANTH ADDRESS OF SANTH ADDRESS OF SA	3 Widowed 4 C D		FORCEST 1	YES	2 YNO		t yes, sp	secify Cuban, Mexic	en, Puerto	Rican, etc.)		Specify:	Vhite, etc.
12 J.W. TRUETH & SON BUTCHER	15. Di	only highest grade	CATION completed)		16a. DECEDENT'	S USUAL O	CCUPATH during mo	ON ost of working	16	b. KIND OF BUSI	NESS/INDUS	TRY	
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21. BURNATURE OF PRIMARA SERVICE LICENSEE 22. MANKE AND ADDRESS OF RACLITY ESTEP BROTHERS FUNERAL HOME, P. A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 APPOINT INTERPRETATION AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED ASSESSED AND ASSESSED ASSESSED AND ASSESSED ASSESSED ASSESSED ASS	1 Suriel 2 C Creme	tion 3 🗆 flam	ovsi from Staty	206.7 FX'E	LACE AND OATE	of DISPOS	TAT						
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27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, tactory, office 29e. CERTIFIER (Check only one) 2 MEDICAL STANMER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as at 29e. LICENSE NUMBER	25. WAS CASE REFERRED	TO MEDICAL	HOCOUTAL					ACE OF DEATH (C	heck only o	ne)			
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29a. Certifier (Check only) 2 MEDICAL STAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as at the second one) 2 MEDICAL STAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as at the second of the cause(a) and manner as at the second of the cause(b) and manner as at the second of the cause(b) and manner as at the second of the cause(b) and manner as at the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and the second of the cause(c) and	C INTUINITY 5	Pending			28b. TII	ME OF	WO	PAK?	28d. DE	SCRIBE HOW IN.	JURY OCCUR	ED	
4 Homicide detarmined Surroung, stc. (Specify) 29a. CERTIFFIR (Check only one) 2 MEDICAL BRAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and manner as at the time, data and place, and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due to the cause(a) and due t	2 Accident		28s. PLACE OF	F INJURY -	- At home, term.	street, tacto			281.10	CATION (Street on	d Mumbos os	01.0	
296. CERTIFIER (Check only Check			building,	atc. (Specify	γ)		. ,	-	City	or Town, State)	a Number or I	nurer nou	e Number,
296. SIGNATURE AND USE OF CERTIFIEN 296. DATE SIGNED/(Month/Day, Year) DISSET 296. DATE SIGNED/(Month/Day, Year) DISSET 296. DATE SIGNED/(Month/Day, Year) DISSET 296. DATE SIGNED/(Month/Day, Year) DISSET 297. DATE SIGNED/(Month/Day, Year) DISSET 298. DATE SIGNED/(Month/Day, Year) DISSET 298. DATE SIGNED/(Month/Day, Year) DISSET 298. DATE SIGNED/(Month/Day, Year)	4 Homicide												
30. MANE AND ADDRESS OF PERSON WIFE COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) ALL SERVITELY 900 Carton Aul Balts. MD 21279	4 Homicide	RTIFYING PHYSIC	CIAN: To the best of	my knowle	dge, daeth occur and/or investigati	red at the ti	me, data	and place, and du	a to the co	ruse(a) and mann	er en stated.		
ALL SIRNUTHY 900 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prijet) ALL SIRNUTHY 900 CONTINUE BY 2007 CONTINUE BOLLS. MD 21279	4 Homletde 29a. CERTIFIER (Check only one) 2 ME	RTIFYING PHYSIC	R: On the basis of ax	my knowled	dge, daath occur and/or investigati	on, in my o	me, data pinion, d	leath occured at the	time, dat	e and place, and	dus to the co		
TALL GERNUSY 400 Caton AN (Salto, MD 21279	4 Homicke 290. CERTIFIER (Check only one) 2 ME	RTIFYING PHYSIC	R: On the basis of ax	my knowled	dge, daath occur and/or investigati	red at the ti	me, data pinion, d	leath occured at the	time, dat	e and place, and	dus to the co		
	4 Homletde 29a. CERTIFIER (Check only one) 2 ME 29b. SHUMATURE AND TER	RTIFYING PHYSIC DICAL EXAMINED	B: On the basis of ax	camination	and/or investigati	ion, in my o	me, data	leath occured at the	time, dat	e and place, and	dus to the co		



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	ospital or attending physician.	ched for use as the burial-transit permit Pages 1.2.3 sho		4	
INTER OR STREETING BUILDING SAME TAKE THE About the death and the same than	THE OF ALLENDING PRINCIPLY THE INVIDENCE THE LINE OF THE OF THE OF THE OF THE OF THE OF THE OF THE PRINCIPLY OF THE OF TH	Part DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Panes 1 2 a should	77 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NMT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

3-245-01-12 03601

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Lest) DAVID	COLEMAN Sr	100000000000000000000000000000000000000			2. DATE O	OF DEATH DAY	92	3. TIME OF DEATH 7:20 P M
	4. SOCIAL SECURITY NUMBER 220-20-2585	1 XM 2 □ F 6	4 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	DE BIRTH Day, Year) -29-27	B. BIRTH Count	HPLACE (State or Foreign Inv) N.C.
STOR	90. FACILITY NAME (If not institution, give: THE JOHNS HOPK: RESIDENCE OF DECEDENT		9	BALTIM		DEATH		BALTIN	
FUNERAL DIRECTOR	Md . 10e. STATE 10b. COUNT	JY .		ltimor	e, Ci	ty			10d. INSIDE CITY LIMITS? 1 YES 2 NO
JNERA	409 E. Lafay	vette Avenue			21202			J.S.	
BY	1 Never Merried 25 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	13. WAS DECE If yes, spec 1 TYES	ENDENT OF HISPA city Cuben, Mexic 2X XNO Speci	UNIC ORIGIN? cen, Puerto Ri ://y:	(Specify Yes or No-	14. RACE Black Speci	E — American Indian, k, White, etc. ::ity: Black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION 19 completed) College (1-4 or 5 +)	life. Do NOT use re	k done during most retired.)		16b,	KIND OF BUSINESS/II	VOUSTRY	Dado.
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Donald Cole	man	Unemplo	oved			iddle, Maiden Surneme)		
TO BE	190. INFORMANT'S NAME (Type/Print) Marie Cole	a. Trans			nd Number or Rural	Aoute Numbe	Harris x, CHy or Town, State, 2 /Baltimo		Md. 21202
	20a_METHOD OF DISPOSITION ALABuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	Ba	PLACE AND DATE OF E	pisposition (Name of Ceme	tery	OATE		- City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LI	Sterre		Wm.C.	March	F/H	1101 E.	Nor	oth Ave.
	23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused it. List only one cause on each a. METABOLIC DUE TO (OR AS A C	C ACIDO:	7					Approximata interval Between Onset and Death 2 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. OUE TO (OR AS A CO	·						
ZA .	PART II. Other significant condition	na contributing to death but	not resulting in t	the underlying	causa givan in		248. WAS AN AUTOPS! PERFORMED? 1 YES 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOR	IRY AT		(Specify)	CCUREO	
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	et, fectory, office		281. LOCAT City or	FION (Street and Numb Town, State)	er or Rural A	Route Number,
COMPLETED	2 MEDICAL EXAMINE	SICIAN: To the best of my knowled ER: On the best of exemination e	ge, death occurred a ind/or investigation, i	it the time, date e	ind place, end due ath occured at the	e to the cause e time, date a	e(s) end manner ee at and place, end due to	nted. the ceuse(e	e) end menner es stated.
TO BE	30. NAME AND ADDRESS OF PERSON WH	2 Kul A	AD ATTACK		29c. LICENSE NU	IMBER	29d. DA	TE SIGNED	Month, Day, Year)
	KUSH MEHE 31. DATE FILED (MONTH, Day, Year)	EAL D. MD	Tou		o John	ius H	OPKINZ	Hosp	ITAL
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ENDING PHY	d 60	s marke
OR ATTE	ERAL DIRECTOR: in 72 hours after	Item 28
DEPITAL	FUNERAL Marin 72	ENT:
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	die, Last)		OLITT	FICATE (I DEA		REG. NO.		3. TIME OF DEATN
	LOUISE		CHAMBLIS				2-7-DA	92 YEA	7:00 A.
4. SOCIAL SECURITY NUMBER 218-18-047		2 💢 F	T 3 YRS.	MONTHS DA		MIN. (A	ATE OF BIRTH forth, Day, Year) 1-19-1	9 MA	HITHPLACE (State or Foreign buntry) ARYLAND
3925 BEE	CH AVE.		312)		N OR LOCATION OF L		TY	9c. COUNTY C	OF DEATH
	COUNTY		10c. C	ITY, TOWN OR LE	EALTI	MORE	CITY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	EECH AV	E. (AI	т. 312)		101. ZIP CODE	21211			S.A.
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	fed FOF	S DECEDENT EVE ICES? 1 Y ES, GIVE WAR O		If yes	DECENDENT O , specify Cuba YES 2 NO	PF NISPANIC OR n, Mexican, Pue Specify:	IGIN? (Specify Yes rto Rican, etc.)	S	IACE American Indien, Black, White, atc. Specify: VHITE
	NT'S EDUCATION nest grade complete College	d) • (1-4 or 5 +)	(Give kind o	's usual occur of work done during use retired.) USEWII	most of working	g	166. KIND OF BUS	INESS/INDUSTR	YY
17. FATNER'S NAME (First, Middle, MILES		OOLFOR	lD.		16. MOTH	ELOREN	CE HA	DDOCK	
190. INFORMANT'S NAME (Typo)F PETER C. CH		s (son) 19b. MAILIF 1013	ROUNI	et and Number BAY	or Rural Route P	ROWNSV	State, Zip Code	D.21032
20a. METNOD OF DISPOSITION 1 Duriet 2 Cremetion 3 4 Donetion 5 Other (Spe	Removat from		20b. PLACE AND DAT cametery, crematory of GREEN M'	other place!		y 2-8-		AT.TTM	or Town, State
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE	,		22. NAM	ENRY	W. J		& SON	IS
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	OF): OF):	art	Dise	ase		Onest and Des
PART II. Other algoliticant c	d.	buting to deet	n but not resulting	in the underl	ying cause g	iven in Part I	24a. WAS AN A PERFORM	AED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	DICAL	ITAL:		OTHER:	PLACE OF DE	EATN (Check onl	y one)		
1 YES 2 V MO		ationt 2 DER/C	utpatient 3 DOA	4 - Nursing I	INJURY AT	sidence 8 🗆 C			
1 VES 2 NO 27. MANNER OF DEATN		(Month, Day, Yes		JURY	WORK?		DEŞCRIBE NOW IN	JUHY OCCURED	,
27. MANNER OF DEATN 1 Natural 5 Pend			RY At home, ferm			281. (OCATION (Street ar	d Number or Rui	ral Route Number,
27. MANNER OF DEATN 1 Natural 5 Pend 2 Accident Inves 3 Suicide 6 Couli	tigation 26	building, etc. (8	pecify)						
27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	Ilgation I not be mined IO PNYSICIAN: To	the best of my kr	owledge, death occu						so(e) and manner as stated.
27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only	ingerion 28s and 28s a	the best of my kr	owledge, death occu tion and/or investigat	ion, in my opinio	n, death occurr		late and place, and	due to the cause	se(e) and manner as stated. HED (Month, Day, Year) 8 - 9 2

BALTIMORE, MARYLAND 21215-00

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH AN	D MENTAL HYGIEN		03003			
		BURHMAN	CLA		2. DATE OF DEATN	DAY YE	3. TIME OF DEATN 01:20 AM M			
	4. SOCIAL SECURITY NUMBER 216-14-1730 9a. FACILITY NAME (If not institution, give a	1 D M 2 🕱 F 8	7 YRS. MON	UNDER 1 YEAR IF UNDER 24 HITTHS DAYS HOURS MY	(Month, Day, Year) 6-17-04	0	SIRTNPLACE (State or Foreign Country) ARYLAND			
СТОВ	NORTH ARUNDEL HO	SPITAL ASSOCI	ATION	GLEN BURNIE A.A. COUNTY						
FUNERAL DIRECTOR	MARYLAND ANN 100. STREET AND NUMBER	E ARUNDEL	SEVE	RN 101, ZIP CODE		T	10d. INSIDE CITY LIMITS? 1 YES 2 NO CITIZEN OF WHAT COUNTRY?			
ERA	1204 SEVERN STATI	ON RD.		21144		U.S.A				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 💢 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF NI If yes, specify Cuban, Mi 1 YES 2 X NO S	RACE — American Indian, Black, Whita, atc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work of the Do NOT use ret HOME MA	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working B. Do NOT use retired.) HOME MAKER OWN HOME						
COM	17. FATNER'S NAME (First, Middle, Last)	NONE	HOTTE TIA		S NAME (First, Middle, Maider					
BE	HENRY E. ALLEN 1911. INFORMANT'S NAME (Type/Print)		Table MARIENO ADV		CORDELLA G					
2	HAROLD E. ALLEN			RESS (Street and Number or RICKWOOD RD.						
	HAROLD E. ALLEN 1682 KIRKWOOD RD. BALTIMORE, MD 21207 20a. METHOD OF DISPOSITION 1 Removal from Stata 2 Ob. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other piece) GLEN HAVEN MEMORIAL PARK 1-12-92 GLEN BURNIE, MD									
	21. SIONATURE OF PUNERAL SERVICE LA	CENSEE) Stell		22. NAME AND ADDRESS O SINGLETON F 1 SECOND AV	UNERAL HOME E.S.W. GLEN	BURNIE	, MD 21061			
	23. PART T. Enter the disesses, or shock, or heart failure. IMMEDIATE CABSE (Final disease or condition resulting in dasth)	s. He wal	tule	inter the mode of dying,	such se cardiac or reap	iratory arrest,	Approximate Interval Between Onset and Death			
NO	Sequentially list conditions,	a Struk	CONSEQUENCE OF):							
ICAT	If any, lasding to immediata csuse. Enter UNDERLYING CAUSE (Disease or injury	· Dovec	muniu							
CERTIFICATION	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):							
CAL	PART II. Other algnificant condition	ns contributing to death bu	t not resulting in th	e undarlying cause giver		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDI			Misce		1 🗆 YES	2 🗍 NO	OF DEATN?			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH	(Check only one)					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATN 1 Netd'al 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Nome 5 Rasider 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW	NJURY OCCURE	ED			
	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY - building, etc. (Specif	At home, farm, streat	, factory, office	and Number or R	ural Route Number,				
COMPLETED	000) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowle ER: On the basis of examination					use(s) and menner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	anot			NUMBER F) 3	29d. DATE SIG	SNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WIN ROBERT B. KROOPN	ICK, M.D./95	AQUAHART	RD. #203/GLE	N BURNIE, M	ARYLAND	21061			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA 1 1992 Fichia	Javidson-Ran	ndelli						

JE VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should an within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The second second is a marked, or item 28 is marked, or item 28 is marked, or item 28 is marked, or item 28 is marked, or item 28 is marked, or item 28 is marked.
N OF VITAL RECORDS,	IG PHYSICIAN: The law requires that the d	ter this certificate has been signed by the ath with the State Dept. of Health and Mei	narked, or item 23 shows any injur
DIVISION OF	THE HOSPITAL OR ATTENDIN	THE FUNERAL DIRECTOR: After this after death with	IMPORTANT: If Item 28 Is r

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NENTAL HYGIEI						
	1. DECEDENT'S NAME (First, Middle, Last)	MARY LUCIL	TE COVED C	OOK		2. DATE OF DEATH		3. TIME OF DEATH				
	LUCILLE C	2 MARY COO	K COVER C	NOO		MONTH 02 0	7 9 -	2 250 M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	220-30-572	1 M 2 XF 7		THS DAYS	HOURS MIN.	2/6/1		irginia				
	9e. FACILITY NAME (If not institution, give :	street and number)	9b.		R LOCATION OF DEA		9c. COUNTY	OF DEATH				
8	KESWICK			BAXT	IMORE	7						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	7	10c CITY TO	WN OR LOCATI	ION			10d. INSIDE CITY				
DIRECTOR		imore	Timon				LIMITS?					
1 1	10e. STREET AND NUMBER	THOTE	22111011		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
RA	8 Westminster	Bridge Way		2	1093		U.S.A.					
FUNERAL	11. MARITAL STATUS	N U.S. ARMED	13. WAS DECE	ENDENT OF HISPAN		. RACE — American Indian, Black, Whita, atc.						
	1 Never Merried 2 Married	FORCES? 1 YES			city Cuban, Maxican 2 ⊠ NO Specify:	, Puerto Rican, etc.)		Black, Whita, atc. Specify:				
ВУ	3 🖾 Widowed 4 🗌 Divorced	12.0		100				White				
	15. DECEDENT'S EDU (Specify only highest grade	JCATION le completed)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATIO done during mos	N st of working	18b. KIND OF B	USINESS/INDUS	TRY				
=	Elementary/Secondery (0-12)	College (1-4 or 5+)	Dietici			Toha	a Hanle	ins Hospital				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	4 yrs	Dietici	.an	40 1407115010 1141	ME (First, Middle, Malde		IIIS HOSPILAI				
	Reese Loring Cov	io r		1	Anne	WE (FIRST, MIDGIE, MAIDE		lmer				
出	19a, INFORMANT'S NAME (Type/Print)	,eı	19b. MAILING AD	DRESS (Street at		loute Number, City or To						
2	Frederick C. Coo	nk				olis, Md.		,				
	20s, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITIO				OCATION — City	y or Town, State				
	1 Suriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	Oruid Ridg	re	2-	10 Pi	.kesvill	Le. Md.				
	21. SIONATURE OF FUNERAL SERVICE L			22. NAME AN	D ADDRESS OF FAC	CILITY						
	1/ //	1111					Home, Inc.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,											
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Oneat and Death											
	disease or condition											
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):									
z	- Amustraphia lateral sclerosis											
2	Sequentially list conditions, if any, leading to immediate	Sequentially list conditions, firsh, leading to immediate										
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	c										
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CAL	PART II. Other significant condition	ona contributing to death	but not resulting in t	ha undariying	g cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
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	3 Suicide 8 Could not be 4 Homicide date;mined	building, etc. (Spi	ecify)	it, factory, offic	•	281. LOCATION (Stre City or Town, Sta	et and reumber or ite)	nurai noute Number,				
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COMPLET	(Check only	SICIAN: To the best of my known						cause(e) end <i>m</i> enner ee stated.				
			endo meengenon, i	my opinion, d								
H	296. SIGNATURE AND TITLE OF CERTIFI	as an asi ti	>		D1365			7-92				
2	30. NAME AND ADDRESS OF PERSON W			int)	-1365	1	, N.	1.10				
	N. BABELLE M	BEGREGOR.	KESWICK,		40 th ST	-BALTIO	TORE, M	21211				
	31. DATE FILED (Month, Ony, Year) 199	2 Juna David	NATURE Pandalle									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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the this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	₽	Ĕ,
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AL DIRECTOR: After th	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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1. DECEDENT'S NAME (Firs				CERTIF	TOTTLE	JE DEA			REG. NO.			
	it, Middle, Last)		DICE					2. DATE	OF OEATN		YEAR	3. TIME OF DEATH
ROBIN		C	•		COOK			02	06		92	10:00A
4. SOCIAL SECURITY NUM		5. SEX		rs. lest birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE	OF BIRTH	A BIRTI		IDI ACE (State or Engl
214-72-5625 1 □ M 2 🛣 F 9a. FACILITY NAME (If not institution, give street and number)			34	YRS.		HOURS	MIN.		Day Year)	1957	Countr	Maryland
SHOCK T		Will State of the			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE							
RESIDENCE OF DE	CEDENT				BALIIMORE							
Maryland	Har:	ford			v, town on L dgewoo					10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	ł					10f. ZIP COL	Œ			10g. CIT	ZEN OF W	VHAT COUNTRY?
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11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME					13. WAS	DECENDENT	OF NISPA	NIC ORIGIN	? (Specify Yea	or No-	14. RACE	- American Indian.
1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES					If yo	s, specify Cub YES 2 NO	en, Maxica Specif	n, Puarto F	tican, etc.)		Specif	, White, atc.
15, DE((Specify on	164	. DECEDENT'S	work done durin	PATION g most of work	ina	16b.	KIND OF BUS	INESS/INE	DUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5+) 12 2				Secretary Amtrak								
17. FATHER'S NAME (First, A	Aiddle, Last)					18. MO1	HER'S NA	ME (First. N	fiddle, Maiden	Sumamal		
DeLacy	L. (Cook					arjo		S.		Spei	cher
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	AOORESS (St	reet and Numbe	or or Rural	Route Numb	er, City or Town		_	
DeLacy L.	103	O AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shetland Hills Drive, Lutherville, Md. 21093										
20a. METHOD OF DISPOSIT	ACE AND DATE	OF DISPOSITION (Name of DATE 20c LOCATION - City or Town State										
4 Donation 5 Other	11top	Service Corp. 2-11-92 Towson, Maryland						yland 212				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F												
▶ Wali		Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 of enter the mode of dying, such as cardiac or reapiratory strest, Approximate										
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92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9	1. DECEDENT'S NAME (Fin	RK						OF DEATH	3. TIME OF DEATN					
	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. in		IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTN h, Dev, Weer)	5	9.2 9. BIRTN Count	9:30 AM
	214-18-7421		1 🗆 M 2 🕠 F	70.	YRS.			HOOKS	mart.	8		21	9	ryland
DIRECTOR	90. FACILITY NAME (II not	tan Ho	and the same of the same of			9b. CITY,	1	or locati		- 50		9c. COU	NTY OF D	
EC	RESIDENCE OF DE	10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	ATION					-	10d, INSIDE CITY
Dis	Maryland	Ba	lto.		1	Luthe	rvi	lle						LIMITS?
A	10e. STREET AND NUMBER							or. ZIP COD	E	10g. CITIZEN OF				
FUNERAL	1515 Ch		21093							U.	S.A.			
ă	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR			NT EVER IN U.S. AI I YES 27/27 MAR OR DATES	If yes, specify Cuban, Mexican					n, Puerto Rican, etc.)				
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a, Di	16e. DECEDENT'S USUAL OCCUPATION					166	. KIND OF BU	SINESS/IND	DUSTRY	White
	Elementary/Secondary		College (1-4 or 5	(Give kind of work done during life. Do NOT use retired.)			unng m	g most of working						
	12				Homemaker						Owr	Home	e	
	17. FATNER'S NAME (First,				18. MOTNER'S NAM					ME (First,	Middle, Meider	Sumame)		
	Wilbur	Forre	st						Ed	na E	John	son		
2	19a. INFORMANT'S NAME			19	b. MAILING	ADDRESS	(Street	end Number	or Rural I	Route Num	ber, City or Tow	vn, State, Zip	Code)	
	Thomas S. Clark , Jr. Same as 10e													
-	1 Burial 2 Cremet	metery, cn	PLACE AND DATE OF DISPOSITION (Name of elery, crematory or other place) DATE 20c. LOCATION — City or Town, State											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE) 22. NAME AND ADDRESS OF FACILITY														
	Moneld	6 ye	lastr +	h		Ruc	k I	lowso:	n Fu	nera	050 Yo 1 Home	. T	nc	1204
	23. PART I. Enter the disesses or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Batwee Onset and Deat													
	disesse or condition resulting in death)	\rightarrow	DUE TO	OR AS A CONSE	OUENCE OF	real	an	10	ine	st				PREASIN
CALION	Sequentielly list condi			OR AS A CONSE	Tau OUENCE OF	Luc	E							Over -
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. 1	PART II. Other signific	ent condition	e contributing to	deeth but not	resulting i	n the un	deriyin	ng cause g	jiven in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL				,						-	_ 1 □ YES 2 NO			OF DEATH?
SICI	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF D	EATN (Ch	eck only or	10)			
- 11	1 🗆 YES 2 📈 NO		1 Inpatient 2		28b. TIME			ne 6 Ra	eldence					
מו ומ	- 17 - 11 -	Pending Investigation	(Month, D		INJ	URY	WC	ORK? YES 2] NO	2 ad. DES	CRIBE NOW	INJURY OC	CURED	
EIED	3 Suicide 6 4 Nomicide	Could not be determined	28s. PLACE O building,	of injury — At he otc. (Specify)	ome, ferm, s	treet, facto	ry, offic	ca			ATION (Street or Town, Stete)		or Rural F	Route Number,
M M			CIAN: To the best of R: On the basie of a) end manner ee stated,
2	29b. SIGNATUPE AND TITL	E OF CERTIFIEF	1	1,2.				29c. LICE	NSE NUM	IBER				(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEATN (ITE	M 27) (Type,	Print)			_		22	0.0	-17	192.
	31. DATE FILED (Month, Day,	X600) 1000	32. BEGINTRA	PITAN Dayason-V	HOS andels	P1 (A)	-,	1561	the.	1000	CEII	21	451	+ .
- 1	FFR I	0 1992	- Juna	handaran-1	1	_								

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

attending physician.	se as the burial-transit permit. Pages 1, 2, 3 should	
death. Page 6 may be retained by the hospital o	funeral director, page 5 should be detached for use as th	examiner must be notified at once.
n certificate be executed within 24 hours after	inding physician and completely filled in by the Hygiene prior to burial, cremation, or removal	is any injury, or other traumatic event, the medical exami
HYSICIAN: The law requires that the death	his certificate has been signed by the attervith the State Dept. of Health and Mental	or item 23 show
HUSPITAL OR ATTENDING PHYS	E FLINERAL DIRECTOR: After this of	RIANT: If Item 28 is marked,

						9	12 (13607			
	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AN	D MENTAL	HYGIENE REG. NO.		,0001			
	1. DECEOENT'S NAME (First, Middle, Last)	GLADYS .	JANE CLEMO	ONS	2. DATE (F DEATH PAY	9	3. TIME OF DEATH.			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	HONG IF UNDER 1 YEAR IF UNDER 24 HE	44.4	F BIRTH	8.1	BIRTHPLACE (State or Foreign			
	232-58-1461		76 YRS.	IONTHS DAYS HOURS MH	4-	West Virginia					
æ	90. FACILITY NAME (If not institution, give so	The state of the s		Baltimore Cit			9c. COUNTY	OF DEATN			
DIRECTOR	RESIDENCE OF DECEDENT	OF DECEDENT									
DIRI	Maryland Balti			kville		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER			101, ZIP COOE			10g. CITIZEN OF WHAT COUNTRY?				
ONE	4710 Taylor Ave.	12. WAS DECEDENT EVER I	IN U.S. ARMED	21234	PANIC OBIGINA		U.S.A				
BY FI	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES	2 XNO	if yes, specify Cuban, Ma 1 □ YES 2 ☒ NO Sp	xican, Puarto Ri	(Specify tas o can, etc.)		RACE — American Indian, Black, White, atc. Specify:			
	15. DECEDENT'S EDUC	CATION	18a. OECEDENT'S U	SIIAL OCCUPATION	1.00	VIII OF 511011	- 1	White			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of wo	rk done during most of working retired.)	160,	KIND OF BUSIN	NESS/INDUST	RY			
COMPLETED	10 17. FATNER'S NAME (First, Middle, Lest)		Homemaker			wn Hom					
BE CC	Robert Walkup				NAME (First, Mi	ddle, Malden Su	imame)				
TO B	19a, INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Ru	ral Route Numbe						
	Abby Smith 227 St. Helena Ave., Balto., Md. 21222 206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State										
	1 X Burial 2 Cremation 3 Remaid Donation 5 Other (Specify)	ovel tytel State	netery crematory or other allace Mer		2/9/92			or Town, State West Virginia			
	21. SIGNATURE OF PUHERAL STRINGE LICENSES 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.										
	/ mole & for	John		1050 York Rd	l., Tow	son, M	d. 21	204			
	23. PART I. Enter the diseases, or c ahock, or heart fellure. J IMMEDIATE CAUSE (Final	Complications that cause List only one cause on e	d the death. Do no	t enter the mode of dying, a	uch ss cardi	oc or respire	tory arrest,	Approximate interval Between			
	disease or condition resulting in death)	10.1.	A CONSEQUENCE OF):	tailure) M	e task	Vic C	a	Onset and Death			
CERTIFICATION	disease or condition	DUE TO (OR AS A	A CONSEQUENCE OF):	In Throa	etask.	Mic Co mulas	tons	Onset and Death			
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inkitated events	DUE TO (OR AS A	A CONSEQUENCE OF):	In Throa	e task	Mic Communication of the Market Marke		J MON S			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	In Throa			ED?	Jmoures			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	In Throa		PERFORME	ED?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION DE CAUSE			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A	A CONSEQUENCE OF):	In Throa		PERFORME	ED?	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION DF CAUSE DF GEATH?			
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A)	A CONSEQUENCE OF): Dut not resulting in petiant 3 □ DOA 4 28b. Time 6	26. PLACE OF OEATH THER: Nursing Home 5 G Residen DF 28c, INJURY AT	(Check only one)	PERFORME 1 VES 2	Ho p	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A DUE TO (OR AS A s contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outs	A CONSEQUENCE OF): Dut not resulting in	26. PLACE OF OEATH 26. PLACE OF OEATH OTHER: Nursing Home 5 G Rasiden DF 28c. INJURY AT	(Check only one)	PERFORME 1 YES 2	Ho p	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A)	A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Detlant 3 DOA 4	26. PLACE OF OEATH THER: Nursing Home 5 Rasiden OF 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one) a 8 0 Other (28d, 0ESC	PERFORMI 1 VES 2 Specify) RIBE HOW INJU	HO Y	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A S	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Detlant 3 DOA 4 28b. TIME 6 INJUR 7 — At home, farm, streetly	26. PLACE OF OEATH 27. PLACE OF OEATH 28. PLACE OF OEATH 28. INJURY AT WORK? M 1 YES 2 NO Not, factory, office	(Check only one) 28 Other (28d. 0ESC 281. LOCAT	PERFORMI 1 VES 2 Specify) RIBE HOW INJUI TOWN, State)	URY OCCURE	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION DF CAUSE DF 0EATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A S	A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Detlant 3 DOA 4 28b. TIME (INJUE) (A thome, farm, streetly)	26. PLACE OF OEATH THER: Nursing Home 5 Rasiden OF 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one) a 8 0 Other (28d, 0ESC 28f, LOCAT City or	PERFORM! 1 VES 2 Specify) RIBE HOW INJI TOWN, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATHY 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A S	A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Detlant 3 DOA 4 28b. TIME (INJUE) (A thome, farm, streetly)	26. PLACE OF OEATH 27. PLACE OF OEATH 28. PLACE OF OEATH 28. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 tet, factory, office	(Check only one) 28 Other (28d. OESC 28f. LOCAT City or	PERFORMI 1 VES 2 Specify) RIBE HOW INJI TOWN, State) (e) and manne	URY OCCURE I Number or 8	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATHY 1 YES 2 NO Ward Route Number, Use(s) and manner as stated.			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Invastigation 3 Sulcide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADGRESS OF PERSON WHO	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A DUE TO (OR AS A S. DUE TO (OR AS A S	A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in patient 3 DOA 4 28b. Time (injure) (A At home, farm, strecity)	26. PLACE OF OEATH 27. PLACE OF OEATH 28. PLACE OF OEATH 28. INJURY AT WORK? M 1 YES 2 NO 29. Injury AT WORK? In my opinion, death occured at 29. LICENSE I	(Check only one) ca e Other (28d. OESC 28f. LOCAT City or dua to the cause the time, data a	PERFORMI 1 VES 2 Specify) RIBE HOW INJI TOWN, State) (e) and manne	URY OCCURE I Number or 8	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO ural Route Number, use(s) and manner as stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Invastigation 3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A B. CONTributing to death & B. CONTRIBUTION TO THE CONTRIBUTION OF THE CONT	A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in Dut not resulting in Detiant 3 DOA 4 28b. Time 6 INJUE A Consequence of: A Conseq	26. PLACE OF OEATH 27. PLACE OF OEATH 28. PLACE OF OEATH 28. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 mry opinion, death occurred at 29c. LICENSE I	(Check only one) ca e Other (28d. OESC 28f. LOCAT City or dua to the cause the time, data a	PERFORMI 1 VES 2 Specify) RIBE HOW INJI TOWN, State) (e) and manne	URY OCCURE I Number or Ri In to the car Ped, DATE SIG	24b. WERE AUTOPSY FINDINGS AMALIABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH? 1 YES 2 NO ural Route Number, ural Route Number, ural (s) and manner as stated.			

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
1992 Julia Davidson

											-	16	03000	
	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAF ERTIF	RTMENT	OF H	IEALTH DEA	AND I	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATN		YEAR	3. TIME OF DEATN	
	KOSE 4. SOCIAL SECURITY NUMBER	H. Davis							2-9	-92	-		7:20A M	
	213-01-9667	5. SEX	The part of the pa			1 YEAR DAYS	HOURS	R 24 HRS. MIN.		Day, Year)		8. BIRTNI Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give sti	41	103	Tha.	AS OUTY		- : 0007	ION OF DE		2-188			land	
DIRECTOR	Meridian Homewood					more		ATH		9c. COU	N/A			
Æ	10a. STATE 10b. COUNTY				Y, TOWN O	R LOCAT	ION				10d. INSIDE CIT			
		ltimore		1	Essex	ζ.						LIMITS? 1 ☐ YES 2 [X] NO		
FUNERAL	10e. STREET AND NUMBER					101.	. ZIP CODE	E			10g. CITIZEN OF WNAT COUNTRY?			
NEF	5 Brett Court						21:	221			U	SA		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2X X NO	MED	13. V	MAS DECI	ENDENT C	OF NISPAN	NIC ORIGIN?	(Specify Year	or No-	14. RACE Black,	- American Indian, White, atc.	
ВУ	3XXWidowed 4 Divorced	IF YES, GIVE WAS	R OR DATES		1	☐ YES	2 XX	Specify.	<i>r</i> :	, o,		Specific		
	15. DECEDENT'S EDUC	CATION	16a. DE(CEDENT'S	USUAL OC	CUPATIO)N		166.1	CIND OF BUS	CINCOS IIM		wnite	
Į.	(Specify only highest grade of Elementary/Secondary (8-12)	(Giv	Do NOT us	work done d	furing mos	st of working	79	Person .	IND OF DU	SINESSAN	DUSINI			
MPL	8	College (1-4 or 5 +)		Hom€	emake	r				N/A				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTI	NER'S NAI	ME (First, Mic		Surname)			
BE	William Andrew	Hellman							rine J					
0	19a. INFORMANT'S NAME (Type/Print) Remadette S School	C 1.	19b.	MAILINO	ADDRESS	(Street ar	nd Number	or Rural R	Route Number,	City or Town	n, State, Zij	p Code)		
	Bernadette S. Schaufele 3634 Elkader Road Baltimore, Maryland 21218													
	20s. METNOD OF DISPOSITION 1/2 Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Commence													
	More and Mem. Park 2/12 Baltimore, Maryland													
	Dennis Step	on Men	na Ro	5 10064				M	oury litche	e11-Wi	iedef	feld I		
	23. PART I. Enter the diseases, or conshock, or heart tailure. L IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	list only ona cause	caused tha dea e on aach lina.	ath. Do n	ot antar i	tha mod	da ot dyli	ing, auch	h aa cardia	c or reapi	ratory are	rest,	Approximata Intarval Between Onset and Dasth	
CERTIFICATION	disease Dr condition resulting In death) a. Culto Vasculo accident DUE TO (OR AS A CONSEQUENCE OF): b. Culto Vasculo accident DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): d. Culto Vasculo accident DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other aigniticant conditions	contributing to de	aath but not re	suiting i	n tha unc	dariying	cause g	given in F	Part I. 2	4a. WAS AN		24b. Y	WERE AUTOPSY FINDINGS	
DIC	ASCUP									PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL	Sente De	mentes							_				OF DEATN?	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF DE	EATN /Che	ick only one)					
SIC		HOSPITAL:	ER/Outpatient 3 [DOA	OTHER:	:				2000				
¥	27. MANNER OF DEATH	26a. DATE OF IN	JURY	28b. TIME	E OF	28c. INJU	JRY AT	-	6 Other (S	Specify)	JURY OC	CURED		
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJU	M	WOR	RK? ES 2 🗌					0.0		
	3 Suicide 6 Could not be	28a. PLACE OF II building, etc	INJURY — At hom	ne, farm, s	treet, fecto	ry, offica			26f. LOCATI	ION (Street ar	nd Number	or Rural Ro	ute Number,	
ETE	4 Nomicide determined	(A)-11-11-11-11-11-11-11-11-11-11-11-11-11	n (opecity)						City or i	Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my	y knowledge, deat	th occurre	d at the tim	ne, data a	and place,	and due to	to the cause	(s) and mani	ner as stat	ted. ne cause(s) :	and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2. 1)					ENSE NUME					Month, Day, Year)	
TO B	Watter R 30. NAME AND ADDRESS OF PERSON WND	COMPLETED CAUSE	OF DEATH (ITEM	17 (NO)	Print)		_		39		DF.	ER	10, 1992	
Walter Welzant 6100 York Road Baltimore, Maryland 21212												,		

807 70 71

E	P	
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	
after	by the	mova
1 hours	lled in	1, or re
ain 24	tely fi	natior
a with	тріе	, cref
хеспте	and co	bunal
96	ician	or to
ificate	phys	ne pi
heo a	nding	P P
deat	e atte	lentai
the state of	y th	2
that	P	1 30
puires	signe n	Health
9	beel	t. 0
he lav	has	Dep
IN: I	ficate	State
SICH	cert	the the
PHY	this	With
DING	After	death
TEN	TOR	after
OR A	DIREC	hours
	-2	Pie.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit nermin Pages 1.2 servand	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1 28 is marked, or item 23 shows any injury, or other traumatic event; the medical avanines must be notified at once
A	8	aff	28

	1 - STATE OF MA	RYLAND / DEPAR CERTIFI	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	E			
~,1	1. DECEDENT'S NAME (First, Middle, Last) William H.		Duva11		2. DATE OF DEATH MONTH DAY	1992	3. TIME OF DEATH		
	217 24 7097 X M 2 🗆 F	AGE (In yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept. 7,1928		PPLACE (State or Foreign ny) aryland		
TOR	9a. FACILITY NAME (If not institution, give street and number) North Arundel Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH Glen Burnie Anne Arundel						
DIRECTOR	Maryland 10b. COUNTY Anne Arundel	10c. CITY	, TOWN OR LOCAT		sadena	10d. INSIDE CIT LIMITS? 1 \sum YES 2 \textbf{X}			
ERAL	10e. STREET AND NUMBER 8178 Ritchie Hwy.		101.	ZIP CODE 211	22	10g. CITIZEN OF WHAT COUNTRY? United States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XXMerried 3 Widowed 4 Divorced 12. WAS DECEDENT ET FORCES? 1 50 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	YES 2 NO	13. WAS DECI	cify Cuben, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No - 14. RACE	— American Indian, k, White, atc.		
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 11	usual occupation ork done during most retired.) ance Eng	t of working	16b. KIND OF BUSI Fac Plasti	tory/ Manufa	cturing			
BE CO	17. FATHER'S NAME (First, Middle, Last) Irvin Benton	Duva11		18. MOTHER'S NA E11a	ME (First, Middle, Malden S M •	iumame) For	sythe		
10	Janet L. Duvall	19b. MAILING 8178	Ritchie	Hwy . , I	Pasadena, M	State, Zip Code) D 21	122		
	20s. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Of cometery, cremetory, or off Maryland V	FOISPOSITION (Ner	Cemetery	DATE 20c. LOC	ATION — City or To			
	21. SIGNATURE OR PUNERAL SERVICE LICENSEE	M44 -	McCull 3204 M	y Funera Sountain	al Home of Rd., Pasad	lena, MD	21122		
	23. PART I. Enter the diseases, of complications that complete the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the complete that cause in the cause in the complete that cause in the c	on eech line.	Como		has cerdiec or reapin	atory erreat,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially liet conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditione contributing to dea	ith but not resulting in	the Underlying	cause given in	Pert I. 24s. WAS AN A PERFORN 1 YES 2	EO?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 noglient 2 TER		OTHER:	ICE OF DEATH (Che					
ву РНУ	27. MANNER OF DEATH 1 Nitural 5 Pending Investigation Investigation 28a. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation								
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMPLE On the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated. 2 MEDICAL EXAMPLE On the transfer of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER 187	29d. DATE SIGNED	(Month, Day, Year) 04/87		
10	30. NAME AND ADDRESS OF PERSON WHO COURT TO CAUSE O	F OEATH (ITEM 27) (Type, I	~~~~	Burn	18 mp.	2106			
		SIGNATURE Am Handall		4 00 4	7.47	0,00			

9	2	0	3	6	1	0
						-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYGIENE REG. NO.	2 5	03010		
F	1. DECEDENT'S NAME (First, Middle, Lest) MART	HA DUOBINI	S			2. DATE OF DEATH MONTH DAY	9 JAR	3. TIME OF DEATH Z-4-92M		
R	4. SOCIAL SECURITY NUMBER 2159796 1 M 2 F 77 YRS. 5. SEX 6. AGE (In yrs. lest birthday) 1 WORTHS DAYS HOURS MIN. 7 DAYS HOURS MIN. 7 DAYS HOURS MIN. 7 DAYS OF BIRTH (Morith, Day, Year) 7 DAYS OF BIRTH (Morith, Day, Year) 7 - 19-14 MARYLAND 96. FACILITY NAME (If not institution, give street end number) 8. BIRTHPLACE (State or Foreign Country) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 8. BIRTHPLACE (State or Foreign Country) 97-19-14 96. COUNTY OF DEATH									
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE MARYLAND	STILLT		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL D	10s. STREET AND NUMBER 608 S. BRADFOR		ZIP COOE 21224		l	WHAT COUNTRY? JSA				
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2	MR. VINCENT DU	208	PLACE OF DISPOSIT	ION (Name of cer	netery, commetory or	Poute Number, City or Town, VIRGINIA 2-8 20c. LOCA	ATION — City or 1	Town, State		
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YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO	HOSPITAL:	patient 3 DOA 4	OTHER:		6 Other (Specify)				
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be 28. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) 28b. DATE OF INJURY 28b. TIME OF 18JURY WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED									
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TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	rint)	DIS	466	▶ 2 -	ED (Month, Day, Year)		
	31. DATE FILED (Morith, Day, Year) FEB	1 1992		n-Andre	Rive	Vows	on M.	22/204		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filted in by the function by the hospital or attending physician TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-train be filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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ling physician. the burial-transit permit. Pages 1, 2, 3 should **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ther death. Page 6 may be retained by the hospital or attend	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend

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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204 23. PART I. Enter the diseases, or complications that cause that death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisease or condition resulting in death) 23. PART I. Enter the diseases, or complications that cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) 24. DUE TO (OR AS A CONSEQUENCE OF): 25. Quantiality list conditions. 26. PLACE OF DEATH (Check only one) 27. MAINNER OF DEATH 28. WAS CAUSE REFERRED TO MEDICAL EXAMINER? 29. PLACE OF DEATH (Check only one) 21. NAME AND ADDRESS OF FACILITY Ruck Towson, Md. 21204 Apprinter of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in death. Do not anter the mode of dying, such as cerdiac or reapiratory arrest, interdisting in the underlying cause given in Part I. 24a. WAS AN AUTOPSV 24b. WERE AUTO ANALABLE TO NAME AND AND AND AND AND AND AND AND AND AND		SPOSITION (Name of	LACE AND DATE OF DI	movel from State 20b	1 Burlet 2 Cremetion 3 Ran					
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MEDICAL EXAMINER: 60 the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner		my opinion, death oc	nd/or investigation, in		MEDICAL EXAMIN	3				
SW. SIGNATURE AND TITLE OF CERTIFIED SW. DATE SIGNED (Month Day	death occured at the time, date end place, and due to the cause(e) end manner ee			ER/ / O	296. SIGNATURE AND TITLE OF CERTIFIE					
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The state of Section (Tem 27) (1996, Final)	294. LICENSE NUMBER 294. DATE SIGNED (MONTH) Cong That 294. DATE SIGNED (MONTH) Cong That 294. DATE SIGNED (MONTH) Cong That	- C			/	5 T				
John Orth, M.D. 7620 York Rd., Towson, Md. 21204 - St. Joseph Hospital John Filed (Moon, Day, Var.) 1992 32. AEGISTRA'S SIGNATURE FOR THE SIGNATURE FOR TH	294. LICENSE NUMBER 294. DATE SIGNED (MONTH) Cong That 294. DATE SIGNED (MONTH) Cong That 294. DATE SIGNED (MONTH) Cong That	- C	Rd., Tows	7620 York	John Orth, M.D.					

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		ERDM						6	11	2	2/10/9	6	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 189 - 10 - 7924	1 M 2 - F		s. lest birthdey) 85 YRS.	MONTHS		IF UNDER	MIN.	(Month,	BIRTH Day, Year) 25/19	16 7	Country)	SBURG
OR	9a. FACILITY NAME (If not institution, give at NORTH OAKS	treet and number)			200	.,		ON OF DEATI	M.	D	BAL		
DIRECTOR	MD BAL	TIMORI	5			OR LOCAT	NON RE						LIMITS?
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à	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 2 IF YES, GIVE WAI	YES 2	□ NO	1	If yes, sp	ecity Cube	of HISPANIC in, Mexican, F Specify:		(Specify Yee lcan, etc.)	or No— 14.	Black, W	American Indien, nits, etc.
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TO BE							and Numbe	r or Rural Rou	rte Numb	er, City or Town	n, State, Zip Co	ide)	122
	20e. METHOD OF DISPOSITION Commetted 2 Commetted 3 M Barmonal from State Commetted 2 Commetted 3 M Barmonal from State Commette												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harkord Rd. Baltimore. MD 21214												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Let only one cause on each line.									Approximata interval Betwe Onset and De			
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BE C	29b. SIGNATURE AND TITLE OF		_	Ties-	m	9	29c. LK	CENSE NUMB	ER		29d. DATE !	SIGNED (M	onth, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH	H (ITEM 27) (7)	oe, Print)	177	76	Paide	L	2000	RI	7	1200

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(Month, Day, Mar)

31. DATE-FILED (MA

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should into 7 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OFFIGURE TO HEALTH IN INC. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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Control Cont	1 Never Married ŽXMarried	FORCES? 1 YES	2 NO	If yes, specity, Cuban, Maxic	an, Puerto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc. Specify N1 te
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Table North Anale (paper) Table North Anale (pa	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of won life. Do NOT use r	k done during most of working etired.)			
198. MALINO ADDRESS (Street and Number or Rural Rodar Number, City or Num., Sain, Zp Code) Mr. Arthur M. Franck, 3rd. 208. METNOD OF DEPORTION Townshire of Committee of Number of Rural Rodar Number, City or Num., Sain, Zp Code) 734 E. Fort Ave. Balto. Md. 21230 208. PLACE AND DATE of DEPORTION/Number of Committee of Commit	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S N			100
190. MALINO ADDRESS (Street and Number or Rural Route Number, City or Town, State) MT - Arthur M. Franck, 3rd. 734 E. Fort Ave. Balto.Md. 21230 20. METNOO or Disposition Town or the control of the (Secolity) Town of	Ja	mes E.	Metzger	Esthe	er M.	Hall	
239. MET II. Other algnificant conditions, or resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24. WAS CASE REFERRED TO MEDICAL EXAMINER: Or In-Part II. 25. WAS CASE REFERRED TO MEDICAL EXAMINER: Or In-Part II. 26. WAS CASE REFERRED TO MEDICAL EXAMINER: Or In-Part II. 27. MANNER OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. DUATE OF MAJUNY AT INJUNY AT	19a, INFORMANT'S NAME (Type/Print)		19b, MAILINO AL	ODRESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip C	Code)
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22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 MCCUITY Funeral Home, 130 E.Fort A MCCUITY Funeral Home, 130 E.Fort A Approximate above, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and and approximate interval Be of dying, auch as cardiac or respiratory arrest, interval Be of make and disease or condition. BALTOLY FALLOR (Final disease or condition) B. DUE TO (OR AS A CONSEQUENCE OF): C. DUE	1 XBurial 2 ☐ Cremation 3 ☐ Re	moval from State	metery cremetory or other	nleonl	1		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease) condition and the cause of the condition and the conditions and contributions of the conditions. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that inflisted events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PRAMAABLE PRIORS TO UP TO GRAS A CONSEQUENCE OF): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 PROPRESS OF DEATN (Check only one) 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 1 YES 2 NO 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 29. PLACE OF INJURY AT 1 YES 2 NO 29. PLACE OF INJURY AT			len Have	en Memorial I	Pk. 2/1/2 G	len E	Burnie, Md.
23. PART I. Enter the diseases, or complications that califaed the deeth, Do not enter the mode of dying, auch as cardiac or respiratory arreat, interval Be Onset and diseases, or complications. Interval Be Onset and disease or condition. Approximation of the provided interval Be Onset and disease or condition. BART II. Enter the diseases, or complications that califaed the deeth on the cause on each line. IMMEDIATE CAUSE (Final disease or condition). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease or condition). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases, or complication on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases or long on each line. IMMEDIATE CAUSE (Final disease). BART II. Enter the diseases or long on each line. IMMEDIATE CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease). BART II. CAUSE (Final disease	Daniel Deniel	a //cen	lo		Bal		
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	anock, or neart failure	. Liet only one cause on	each line.		1		interval Between
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The street of th		b. OUE TO (OR AS	A CONSEQUENCE OF:				
CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): d				0= >-1			
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 1 YES 2 NO 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 29. DATE OF INJURY 1 YES 2 NO 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE OF INJURY 29. DATE SIGNED (Month, Day, Year) 29. SIGNATURE AND NYTLE OF CERTIFIER 29. SIGNATURE AND NYTLE OF CERTIFIER 29. SIGNATURE AND NYTLE OF CERTIFIER 29. DATE SIGNED (Month, Day, Year)		d.					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mospital: 1 Mospita	PART II. Other algolificant condition	ona contributing to deeth	but not resulting in	the underlying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
EXAMINER? 1 YES 2 NO 1 MOSPITAL: 1 Mospital: 1 YES 2 NO 27. MANNER OF DEATN 1 Netures 5 Pending Investigation 3 DOA 28e. DATE OF INJURY WORK? 2 NO 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 4 Homicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28e. PLACE OF INJURY — At home, farm, atreet, factory,							1 - YES 2 - NO
EXAMINER? 1 YES 2 NO 1 MOSPITAL: 1 Mospital: 1 Mospi							
HOSPITAL: 1 Hospital: 2 EN/Outpatient 3 DOA 4 Nursing Nome 5 Recidence 8 Other (Specify) 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, 1arm, atreet, 1actory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 29b. SIGNATURE AND INTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				28, PLACE OF DEATH (C	heck only one)		1
27. MANNER OF DEATN T Netural S Pending Investigation S Linke OF INJURY At home, 1erm, street, 1ectory, office				THER:			
Netural Netural Netural		1-/-				N HIPV COCH	IDEO.
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND (TILE OF CERTIFIER) Investigation 1		(Month, Day, Year)	INJUR	Y WORK?	288. DESCHIBE NOW II	NJURY OCCU	RED
4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 29b. SIGNATURE AND INTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	2 Accident Investigation						
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		building, etc. (Spe	Y — At home, term, atre ecify)	et, Tectory, office	281. LOCATION (Street & City or Town, State)	and Number or	Rural Route Number,
(Check only one) 2 MEDICAL EXAMINER: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner ee atsted. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as size. 29b. SIGNATURE AND MILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	A STATE OF THE STA						
2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se state. 29b. SIGNATURE AND INTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	29a. CERTIFIER Check only	SICIAN: To the beat of my know	wledge, death occurred i	at the time, date and place, and du	e to the cause(e) end man	ner ee stated	ı,
29b. SIGNATURE AND TYTLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)							
250. On a State (Month, Day, 1981)							
- UNI AN 1 X - MD HUY176438AAAAA N 2/9]	AND TITLE OF CERTIFI	EH ()				29d. DATE S	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	Ly all so	- MD		AU41764	32447136	4	18191

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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T: if them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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31. DATOFFEED Month, Day, N. 1992

	FOR STATE	E OF MARYL	AND / I	DEPAR	TMENT	OF H	FAITH	AND	MENTAL	UVČICA	-	2 0	3614	
	REGISTRAR		CE	RTIF	ICATE	OF	DEA	TH .	MENIAL	REG. NO	-			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	LORRAINE J. FERRANT	'E							MONTH	7	MY	92		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE	'In yrs. lest l	birthday)	IF UNDER	1 YEAR	IF UNDER	24 MDC	7. DATE C	E BIOTH			10:02 P M	
	235 40 2380 1 M	The second secon	6	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month,	Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give street and no			1110.						<u> 19/25</u>			t Virgini	
00					9b. CITY	TOWN O	R LOCATI	ON OF DE	EATH		9c. COL	JNTY OF DE	ATH	
0	GREATER BALTIMORE ME	DICAL CE	NTER		TO	WSON					B	ALTIM	ORE	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			40. 017			-60							
=		ACADYT AND								10d. INSIDE LIMITS?				
	MARYLAND ANNE AR	UNDEL		PAS	ADEN								1 YES 2 X NO	
Z Z						101.	ZIP CODI	E			10g. CI1	TIZEN OF W	HAT COUNTRY?	
FUNERAL	308 GRANADA ROAD					2	1122)			Un	ited	States	
		DECEDENT EVER IN			13. 1	WAS DECE	NDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes		14. RACE	- American Indian	
₽	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					f yes, spe	city_Cube	n, Mexice	n, Puerto Ri	can, etc.)		Specify	White, etc.	
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECE	EDENT'S	USUAL OC	CUPATIO	N		16b.	KIND OF BU	SINESS/IN	DUSTRY		
1 🗓		(1-4 or 5 +)	life. D	o NOT us	ork done of retired.)	unng mos	t of workin	ng						
교	8		Sec	cret	ary				1	Electr	onic	s Cor	тр.	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTE	IER'S NA		iddle, Maiden			E	
BE C	Thomas J. 190. INFORMANT'S NAME (Type/Print)			aham			В	erth	ıa				grass	
2	Charles A. Ferrante		196.	MAILINO 308 (ADDRESS Gran	ada	Rd.,	or Rural F	Route Number adena	r, City or Tow	n, State, Zi	2112	22	
	20e. METHOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State													
	Glen Haven Memorial Pk. 2/11/92 Glen Burnie, MD													
	State DED	umm			1	McCu.	11y	Fune	ral F	iome o	of Pa	sader	na 21122	
	23. PART I. Enter the diseases, or complicat	ions that caused	the deat	h. Do n	ot enter	the mod	e of dvi	na such	as cardi	oc or resol	raton, as	a, ri		
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approx.								Intervel Between					
1	iMMEDIATE CAUSE (Finel disease or condition	CARRIAG		3.m									Onaat and Daath	
	resulting in death) a.	CARDIAC A												
	1	DUE TO (OR AS A			•									
Z	Sequentielly list conditions,	PROFOUND												
CERTIFICATION	If any, leeding to immediate	DUE TO (OR AS A	CONSEQU	ENCE OF):									
2	CAUSE (Disease or Injury C. ARF + LACTIC ACIDOSIS													
쁜	that initieted evente	DUE TO (OR AS A	CONSEOU	ENCE OF):									
1 11	resulting in death) LAST													
-	DADT II Other classificant as the												1	
MEDICAL	PART II. Other significent conditione contrib	uting to deeth bu	it not res	ulting is	n the un	derlying	ceuse g	lven in I	Pert i.	4a. WAS AN PERFOR			WERE AUTOPSY FINDINGS	
M	Dreweas		-	-						1 YES 2			COMPLETION OF CAUSE	
NE NE	wass of lengthing heart had all													
	1 YES 2 NO													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check grily one)													
1 2	EXAMINER? HOSPITAL: OTHER:													
=	27 MANNER OF DEATH													
	16 Netural 5 Pending (Month, Dey, Year) NJURY WORK?													
B	2 Accident Investigation M 1 YES 2 NO													
8		PLACE OF INJURY - building, etc. (Specif	— At home	, term, at	rant, tecto	ry, offica			28f. LOCAT	ION (Street a Town, State)	nd Number	or Rural Ro	ute Number,	
	4 Homicide determined								J., G	, (1910)				
COMPLET	29e. CERTIFIER Check only CERTIFYINO PHYSICIAN: To the	e best of my knowle	dge, death	occurre	d at the Hr	ne, dete -	nd place	and due	to the cours	(a) and man	mar ac at-	lad		
W	one) 2 MEDICAL EXAMINER: On the b	sels of examination	end/or Invi	eatigation	. In my on	inion de	th occur	ed at the t	time data -	nd piece co	d due 45 **		and manage of the second	
					, 5p					prece, an	a dus to th	re cause(s)	menner ee stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	donth, Dey, Year)	
0	1 0016 0.0						13	41	21			21	5.72	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TED CAUSE OF DEA	TH (ITEM 2	7) (Type, i	Print)									

AN: The law requires that the death certificate be executed within 29 nouns after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	also wester spice of contract the median according according to modified of some	y migrify, or other tradmingto event, the modified man man be noticed at once.
<u>a</u>	DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	ter dean will be state begin for result and wester stylent prior to ourse, crematuri, or returned, and state begin on the state of the	5 IS MARKED, OF ITEM 23 SHOWS any Injury, or other national event, the modical examiner must be noticed as
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be nied within 72 hours after death w	IMPURIANT: If Item 28 IS marked

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First Mith. Last) CLUCA P.	Fa	ab	bro)	. '		TE OF DEATH NTH 2 PAY	8-9	7	TIME OF DEATH	
<i>«</i>	285 24 2391 1 ☐ M 2 √ F 9a. FACILITY NAME (if not institution, give street and number)	8. AGE (In yrs. last	birthday) YRS.		DAYS H	UNDER 24 HRS. DURS MIN.	Ja	TE OF BIRTH onth, Day, Year)	1916 9c. COUNT	Country)	ACE (State or Foreign Ohio	
DIRECTOR	Manor Care Nursing Hor RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ne	Potomac 16c. CITY, TOWN OR LOCATION						Mont		Od. INSIDE CITY	
	Maryland Montgomery				oma				1 YE			
FUNERAL	10714 Potomac Tennis			I		20854			USA		AT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 N	MED IO	14.7	res, specif		can, Pue	GIN? (Specify Yea to Rican, atc.)	or No— 1	4. RACE - Black, Specify:	- American Indian, White, alc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 2 College (1-4 or 5+)	(Gh life.	CEDENT'S Via kind of v Do NOT us	USUAL OCC vork done du le retired.)	UPATION ring most o	l working		iab kind of Bus Insura:			na n v	
	17. FATHER'S NAME (First, Middle, Last) Peter Bossetti				16		NAME (Fir	st, Middle, Meiden : Sacill:	Surname)	Jonep	, arry	
TO BE	19a. INFORMANT'S NAME (Type/Print) Julia Jasin'ski					Number or Run	al Route h	lumber, City or Town	n, State, Zip C		20054	
	20a. METHOD OF DISPOSITION Ú∑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata	20b. PLACE (other pla	OF DISPOS	SITION (Name	e of cemete	ry, cremetory o	[2/9	2 20c. LO	CATION — CI	mac, MD 20854 TION — City or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Saint Joseph Cemetery Lockbourne, O 22. NAME AND ADDRESS OF FACILITY I Ves - Pearson Funeral Homes Arlington, VA 22201							, 01110					
	23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (HALL		not enter ti						st,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST											
CAL	PART II. Other eignificent conditions contributing to d	death but not n	esulting	In the und	eriying c	ause given	In Part	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputient 2	ER/Outpatient 3	□ DOA	OTHER:		E OF DEATH (
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		26b. TIN	IE OF 2	8c. INJUR WORK 1 YES		28d.	DEŞCRIBE HOW II	NJURY OCCU	URED		
		FINJURY — At he rtc. (Specify)	me, farm,	street, factor	ry, office			LOCATION (Street a City or Town, State)	and Number o	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a medical examiner: On the basis of ax										and manner as stated.	
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Serency Copice up DUY602 \$28.52									(Month, Day, Year)		
30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tevery V. Couke 10400 Conn. Que Kensington M 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								n Md				
	FEB 1 1 1992 Shie Third	en Panda	M.							9	DHMH-16 Rev 1/89	

10a. STATE

BARBARA A

9a. FACILITY_NAME (If not institution, give atreet and number)

IVY HALL NURSING HOME

10b. COUNTY

Baltimore

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

219-28-6126

FRANCES

1 M 2 F

5. SEX

10c. CITY, TOWN OR LOCATION

Dundalk

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Essex-Middle River

DAYS

6. AGE (In yrs. last birthday)

YRS.

58

3		TID.			_1				
i. insit permil	FUNERAL	7811 St. Claire	Lane			10	101. ZIP CODE 21222		
BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit non, or removal.	β	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2	ARMED	If yes, sp	AS DECENDENT OF HISPANIC ORIG yes, specify Cuban, Maxican, Puert YES NO Specify:		
215 atteno	ED	15. DECEDENT'S ED		16a.	DECEDENT'S USL	AL OCCUPATION MODEL OF THE PROPERTY OF THE PRO	ON out of working	16	
ID 21 ospital or hed for u	COMPLET	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)		Office (rired.)	red.)		
MARYLAND retained by the hospitz 5 should be detached notified at once.	CON	17. FATHER'S NAME (First, Middle, Last) Frank Beaver					Agnes		
AR alned hould) BE	19a. INFORMANT'S NAME (Type/Print)			196. MAILING AD	DRESS (Street o	and Number or Rural		
be ret	2	Mitchell L. Fra			7811 5	St. Cla	aire Lane	∍, B	
BALTIMORE, ter death. Page 6 may be the funeral director, page val.	-	20a. METHOD OF DISPOSITION 1 □ Burlel 2 🖄 Cremation 3 □ Rei 4 □ Donation 5 □ Other (Specify)	moval from State	of cemet	CE AND DATE OF	ther place)		1,1	
Page al dire		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	исее	n Mount	22. NAME A	NO ADDRESS OF FA		
ALT death. funer	- 1	> Cotan	X (1,00.1	1	100011	Bradl	ey-Ashto		
B/ B after of the removal.		23. PART I. Enter the diseases, or	complications that ca	used the	death Do not	2134	Willow S		
B hours after d in by the or remova		shock, or heart failure	. List only one cause	on eech	ina.	A A	or dying, add		
		IMMEDIATE CAUSE (Final disease or condition	Biver	Du	cular	isch	omic	Car	
68760, proceded within and completely burial, cremat natic event, in a second completely		resulting in death)	DUE TO (OR	AS A CON	SEOUENCE OF):	-	1	- 1	
687 xecuted and con burial,	z		bilest.	ero	law	er	exhan	nti	
OX 68's be executed sician and confort to buriant traumatic	일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CON	SEOUENCE OF:	000	Vanc	1a	
BOX ficate be ophysician the prior to	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Seller to (OR	AS A CON	SEQUENCE OF:	DEC	1400		
P.O. Ith certification of other	CERTIFICATION	thet initiated eventa resulting in death) LAST	d. of die	200	Jes V	nell	itus.		
OF VITAL RECORDS, F PHYSICIAN: The law requires that the death this certificate has been signed by the atten with the State Dept. of Health and Mental ked, or item 23 shows any injury, or		PART II. Other significant condition	ons contributing to dea	ath but no	ot resulting in t	ha underlyin	g ceuse given in	Part I.	
RECOR requires that een signed by of Health and	PHYSICIAN: MEDICAL	- (E) Hem	paresis	5	UHUSE	pers	1000		
REC v requires been sign t, of Heal	Z	- Haemeten	esis ?	Der	jure 1	ais	order	_	
AL Final Fin	AN	25. WAS CASE REFERRED TO MEDICAL							
DIVISION OF VITAL F DR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be OUNS after death with the State Dept.	20	EXAMINER?	HOSPITAL:			THER:	LACE OF DEATH (C/		
F VIT, SICIAN: Th certificate the State	Η×S	27. MANNER OF DEATH	1 D Inpetient 2 EF	URY	28b. TIME O		ne 5 🗆 Residence	8 🗆 Ot	
NG PHYSI fter this cleath with 1 marked,		1 Natural 5 Pending	(Month, Day,)	(bar)	INJURY	M 1 🗆	YES 2 NO		
DIVISION DR ATTENDING P DIRECTOR: After t hours after death item 28 is mar	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY A	l home, farm, stree	t, factory, offic	00	281. LC	
ATTEN ATTEN COTOR: s after 28 I	E	4 Homicide determined	building, etc.	(Specify)				ر. ا	
	PLETE	29a. CERTIFIER 1 CERTIFYINO PHY	SICIAN: To the best of my	knowledge	, death occurred a	t the time, date	a end place, and du	e lo the c	
SPITA VERAL Tin 72	COM	one) —	NER: On the basia of axam	ination and	or investigation, is	n my opinion,	death occured at the	ı time, de	
TO THE HOSPITAL TO THE FUNERAL OF filed within 72 P	BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER AAA				29c. LICENSE NU	MBER	
TO THE HOSPITA TO THE FUNERA By filed within 7	0 8	Maliko /	Rollen	•			D-3	8-	
(BA	4	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE (OF DEATH	TTEM 27) (Type, Pri	nt)			
(IA)		TA DATE CHED MA - 1 C- V	Tan services						
	70	FEB 1 1 199	2 Julia Dau	SIGNATUR	Rendell				
	- 4	1 FD T T 122	6 1	1-0001					

2. DATE OF DEATH MONTH B. BIRTHPLACE (State or Foreign Country)
Balto.Md. 7. DATE OF BIRTH (Month, Day, Year) 1-6-1934 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 TYES X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. ORIOIN? (Specify Yea or Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. Specify: 11 White 16b. KIND OF BUSINESS/INDUSTRY Baltimore City (First, Middle, Maiden Surname) ilsbury te Number, City or Town, State, Zip Code) Balto., Md. 21222 20c. LOCATION -- Cily or Town, State Balto., Md Funeral Home, INc. ing Rd. Dundalk. Approximata Intarval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | NO Other (Specify) 8d, DESCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Route Number, City or Town, State) the cause(a) and manner as stated. ne, date and place, and due to the cause(s) and me 29d. DATE SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	retained by the hospital or attending physician
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ALI	Tours after death &
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	a 24 Bourse
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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

	1. DECEDENT'S NAME (First, Middle, Lest) Lily M. Griese A/K/A/ Lillian Griese									2. DATE OF DEATH DAY YEAR 2 7 1992			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le		IF UNDER	1 VEAR	IF UNDER	24 MDS	7. DATE OF BIRTH			-	HPLACE (State or Foreign
	213 - 01- 09		1 M 2 TF	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month.	Day, Yes "	01	Count	try)
	90. FACILITY NAME (If not			,,,	100	ah OTT	/ TOWAL C	OR LOCATIO	ON OF DE			_	Maryland TY OF DEATH	
R	Eastpoint					2.5		oint	ON OF DE	Ath		301		imore
ECTOR	RESIDENCE OF DE	CEDENT										-		1110110
H	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
DIR	Maryland	Balti	more			Arbutus								1 TES 2 TON
A	10e. STREET AND NUMBER					101. ZIP CODE						10g. CITI	ZEN OF	WHAT COUNTRY?
E	4920 Gateway			1 2	21227	1			USA	1				
FUNERAL	11. MARITAL STATUS 1 Never Merried 2	Mandad	12. WAS DECEDE FORCES?	NT EVER IN U.S. A	RMED NO					IC ORIGIN?		s or No—	14. RAC Blac	E — American Indian, ck, White, etc.
ВУ	3 Widowed 4 Div		IF YES, GIVE	WAR OR DATES				2 NO					Spec	White
8		CEDENT'S EDUC					S USUAL OCCUPATION				CIND OF BU	JSINESS/IND	USTRY	
E	(Specify or Elementary/Secondary	nly highest grade	College (1-4 or 5	Illin Do NOT			f work done during most of working use retired.)							
	3rd	(0-12)	College (1-4 or 5				maker			Home				
COMPI	17. FATHER'S NAME (First, Middle, Last)							18. MOTI	NER'S NA	ME (First, Mi	ddle, Maider	n Sumame)		
E	CHARLES HOOK ANNE STROTT													
8	198. INFORMANT'S NAME	ADDRES	S (Street a	and Number	or Rural F	Route Numbe	r, City or To	wn, State, Zip	Code)					
5	Harry G. Griese, Jr. 4					Gat	tewa	y Ter	race	, Ba	ltimo	re 21	227	
		20e. METHOD OF DISPOSITION 20b. PLACE AN					POSITION			DATE	_	OCATION —	_	own, State
	1 M Burist 2 Cremetion 3 Removel from State of cemetary, crematory or other place) 4 Donation 5 Other (Specify) Baltimore National Cemetery 2-10 Baltimore								Marralan					
NO		my,	d. VO	ufore	un					n Fu Elkr				d 21227
NOIN	IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to imm	itions,	a. OUE TO	et coused the druse on each lin	leath. Do le.	luciones of the second	r the mo	Main ode of dy	St. Ing, suci	Filkr	dge, ec or resp	Mary piratory an	rlan	Approximete Interval Bet
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D BY PHYSICIAN: MEDICAL	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentielly list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initieted events resulting in daeth) LA PART II. Other eignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 4 Nomicide 29e. CERTIFIER (Check only 1 CE	inel inel itions, ediete eliete UE TO DUE TO	of the detailed the deute on each life of the detailed the deute of th	ieeth. Do iee. O SC EQUENCE O EQUENCE O reculting 3 DOA 28b. Till iN	OTHE 4 OF JURY M	nderlyin 26. P FR: maing Hon 20c. IN. 1 □ ctory, office	Main ode of dy larg ceuse of the ceuse of	given in	Part I. Part I. 281. LOCACity on to the cause	24a. WAS A PERFO	N AUTOPSY PRIMED? 2 INJURY OC	24 CCURED OF Rural	Approximet Interval Bet Onset and On	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTM ERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		0001	
		1. DECEDENT'S NAME (First, Middle, Last) ANNA	GUMMER			2. DATE OF DEATH DAY FEBRUARY 10	VEAD	12:15AM	
ğ		4. SOCIAL SECURITY NUMBER 217-16-1732	5. SEX 6. AGE (In yrs. Is	yrs. MON	UNDER 1 YEAR F UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/7/08	8, BIRTHPL Country)	ACE (State or Foreign	
2. 3 should	стов	9a. FACILITY NAME (if not institution, give si THE JOHNS HOPKI)		9b.	BALTIMORE CIT				
(1)	DIREC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		-	WN OR LOCATION			0d. INSIDE CITY LIMITS?	
U		10+. STREET AND NUMBER	Dea ST	154	101. ZIP CODE	,	10g. CITIZEN OF WHA		
0020 physician. e burial-trans	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	RMED NO	2/224 13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxics 1 □ YES 2 ☑ NO Specify	nn, Puarto Rican, etc.)	No- 14. RACE -	American Indian, White, etc.	
21215-0020 or attenting physic or use as the burial	G	15. DECEDENT'S EDUC (Specify only highest grade	completed) ((ECEDENT'S USUA Give kind of work of D. Do NOT use reti	AL OCCUPATION done during most of working	16b. KIND OF BUSIN	Wh	ire	
10	COMPLET	Elementary/Secondary (0-12) Th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 Of 5 +)		EACHER	ST. ELI	ZABETH	1 School	
MARYLAND retained by the hospit should be detached notified at once.	BE	GEORGE MI 190. INFORMANT'S NAME (Type/Print)		b. MAILING ADD		BRIANN	e Ho) G G	
y be	10	Robert Loha	MANN S	AND DATE OF DE	ANA LEC I	AVE. BAL) 21237	
Page 6		1 Deurlat 2 Cremation 3 Remoted Donation 5 Other (Specify)	SACRE	matory or other p	22. NAME AND ADDRESS OF FA				
		23. PART I. Enter the diseases, pro) Weller	oth Do set	401 S.CHES	TER ST.	BALLO 2	1231	
within 24 nours uppletely filled in the cremation, or referent, the median		shock, pr heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Drily One Ceuse Dn eech line	э.	akustur - Co			Approximata interval Batween Onset and Daath	
O. BOX 68 ertificate be executing physician and righer prior to bur other traumatic	CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	day	0		1 day	
e de he at Ment		PART II. Other significent condition	e contributing to deeth but not	reculting in th	e underlying cause given in	Part I. 24s, WAS AN AU	mpey 245 W	ERE AUTOPSY FINDINGS	
That that you had be do by the	MEDICAL	Myelo dyspla	sti Syndrone			PERFORME 1 YES 2	ED? AM	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 1/90	
/ITAL R N: The law of ficate has bee State Dept. of item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)		~	
OF V	- 4	1 VSS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation	1 Inpetient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJU	JRY OCCURED		
VISIOI ATTENDING ECTOR: After The after deal The af	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, street,	factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Rout	e Number,	
DIVISION OF THE HOSPITAL OR ATTENDING PAID TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death with MPORTANT: If Item 28 is mark	COMPLE		CIAN: To the best of my knowledge, de R: On the besis of exemination and/or					nd menner as stated.	
TO THE HO TO THE FL De filed wi	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Na MOP	GA.	29c. LICENSE NUM	MBER 25	9d. DATE SIGNED (M.	onth, Day, Year)	
	,-	30. NAME AND ADDRESS OF PERSON WHO BE AN RAMPA 31. DATE FILED (MONTH, Day, Year)	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	Hospital 60	Touch 110	t Balt	mil 21205	
		FEB 1	1 1992 Julia Ja	vidson-18	ndelle				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

218-26-4595 1 M 2 F 61 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) DIRECTOR JOHNS HOPKINS HOSPITAL 10e. STATE MARYLAND BY FUNERAL 10a. STREET AND NUMBER 1114 LAKEWOOD AVE. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) notified at WILBUR GROSS BE 19e. INFORMANT'S NAME (Type/Print) 6 SHAWN GROSS pe 20s. METNOD OF DISPOSITION must the Gurlet 2 Cre 3 0 nation Other (Specify) examiner medicai 6 IMMEDIATE CAUSE (Final been signed by the attending physician and completely fille at. of Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating event, traumatic CERTIFICATION Sequentisliy list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 10 Injury, MEDICAL shows any PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA 1 YES 2 NO marked, or 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 1 Watural 5 Pending Investigation BY 2 Accident 3 Sulcide 99 6 Could not be 0 4 Homicide 28 COMPLET Hem (Check only one) = IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER BE M mon 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D.515501 STEPHEN

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR HERSHALL 02 992 PM 08 1:10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN S. BIRTNPLACE (State or Foreign (Month, Day, Year) 04 17 3 DAYS 30 MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE CITY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY 1 💢 YES 2 🗌 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21205 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify APROMY: AMER. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
iffe. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Malden Surname) MYRTLE GROSS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4012 FERNHILL AVE. BALTO. Md. 21215 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Sinte DATE GARRISON FOREST VET. CEM. OWENS MILL, MARYLAND 22. NAME AND ADDRESS OF FACILITY ESTEP BROS. FUNERAL HOME 1300 EUTAW PLACE BALTIMORE. MARYLAND 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock or learn failure. List only one cause on each line. Interval Between Onset and Death Agragenic untebid metaplasia PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a, WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO OF DEATN? 1 YES 2 19 10 26. PLACE OF DEATN (Check only one) OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 92 2150 2 BALTU. JOHNS HOPKINS 32. REGISTRAR'S WATURED 1992 DNMH-16 Rev 1/89

the attending physician are Mental Hygiene prior to certificate has been signed by the State Dept. of Health and 1, or Nem 23 shows any in with to is marked,

DIRECTOR: After the hours after death v

TO THE HOSPITAL O
TO THE FUNERAL D
DE filed within 72 ho
IMPORTANT: If IN

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Item

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Items: 23 part I,28a,b,c,d,e,f per MEO G-684 2/14/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Eugene Wayne Sr Gray 11:26 A .M 92 4. SOCIAL SECURITY NUMBER S SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 217-68-0209 DAYS 1 🔯 M 2 🗍 F 3/14/59 DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin RESIDENCE OF DECEDENT Square Rossville Baltimore Co 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore Essex 1 X YES 2 NO 10e. STREFT A. " "HEDER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 1918 N Chester St USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL S. Ja 14. RACE — American Indian, Black, White, atc. If yes, specify Cubs 1 Never Married 2 Married B Specify soB Yack 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) Concrete Laborer None Elementary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosetta Nickens James Albert Gray Sr BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Dorian A. Gray (Brother) \$728 Wakefield Road, & Baltimore, Md 21216 20e. METHOO OF DISPOSITION
15☑ Burlet 2 ☐ Cremetton 3 ☐ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE 15 Buriel 2 ☐ Cremation 3 ☐ ... 4 ☐ Donation 6 ☐ Other (Specify) Lincoln Memorial 2/5/92 Suitland, Md 22. NAME AND ADDRESS OF FACILITY John T Rhines Co., Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE wan 3015 12th St NE, DC 20017 23. PART / Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. 5 Approximate intervai Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Narcotic Intoxication resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Ç. DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 X YES 2 NO 1 ☐ Inpetient 2 🕅 ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED A 1 Natural 5 Pending ound: 2/1/ 10:30 1 YES 2 NO BY Unknown 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 124 Alberge Lane Baltimore, Co, Md. 3 Suicide a Could not be determined COMPLETED 4 Homicide ound: home Baltimore 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 2 М. 2-92 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 72. REGISTRAR'S SIGNATURE Juna Daydson Mandale 1992

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	FOR STATE REGIS
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ars after death. Page 6 may be retained by the hospital or aftending physicia BALTIMORE, MARYLAND 21215-0020

DIRECTOR. After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buown man the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHISICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. TRAR

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	BERNARD		OGG)9 1	YEAR	11:43 a.m.
181	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. le	ast birthday)		R 1 YEAR	IF UNDER	4	7 DATE OF BIRTH	7	S. BIRTHP	LACE (State or Foreign
	233-60-8786		1 X M 2 - F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	May 7, 1	939	We.	st Virginia
	Sa. FACILITY NAME (If not in					9b. CITY	Y, TOWN	OR LOCATI	ION OF DE			TY OF OE	
FUNERAL DIRECTOR	THE JOHN	S HOPE	KINS HOSP	PITAL		BA	ALTI	MORE	CITY	Y	BA	LTIM	ODE
EG	RESIDENCE OF DEC	10b. COUNTY	TY		I sec Ci	TY, TOWN (
PIG	ων	Mari	ion			airmo		TION					10d. INSIGE CITY LIMITS?
7	10e. STREET AND NUMBER		072			101. ZIP CODE					T 400 CITI		1 K YES 2 NO
ER/	126 Coronet	t St.							554			u.s.	
5	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. AF	RMED	13.	WAS DEC	CENDENT C	OF HISPAN	NIC ORIGIN? (Specify Ye			- American Indian,
BY F	1 Never Married 2 🔀		FORCES? 1	1 YES 2 X	NO		It yes, sp	Decify Cube	en, Maxica	in, Puarto Rican, etc.)		Black, Specify	White, etc.
													White
COMPLETED	(Specify only	EDENT'S EDU	e completed)	(0	Give kind of a	Work done	during me	ON ost of workli	ng	166. KIND OF BL	ISINESS/INO	USTRY	
PLE	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	laint.	,				Manuel		1	
MC	17. FATHER'S NAME (First, M	Airiclin Last)		146	um.	· Mac	inch			Manuf ME (First, Middle, Maider	actur	ung	
Ö			e I. Grog	10				18. mQ11		ime (first, Middle, Melder Ruby Turne			
BE						ADDRES	S (Street)	and Number		Route Number, City or Tox		Code	
2	Linda M. Gr	.099										554	
	20s. METHOD OF DISPOSITE	ION		20b. PLACE	ANDOATE	OF DISPOS	SITION/N				OCATION — C		n. State
	4 Donation S Other	(Specify)		Mt. Z	ematory or o	Come.	tori	Mau	٨.	2-13 M			
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	1.	11	22.	NAME A	NO AODRE	SS OF FA	CILITY			
	Nua	ne	1.KIN	MAIL	1	KU)BEK	7 C.	ALI	ENBURG FUN	ERAL	HOME	, INC.
	23. PART I. Enter the di	Iseases, or	complications the	st coused the d	eath. Do	not enter	the mo	HOLT AL	Ing. such	Rd. Bald	AMORO	M.	D 21214 Approximate
	shock, or he IMMEDIATE CAUSE (Fin	leart failurg.	Liet only one cau	use on each line	₽.			,60				.,	Interval Batween Onset and Death
	disease or condition										12 MONTHS		
											(× /000/11)		
Z	Sequentially list conditions, b.												
ATION I	If any, landing to immediate												
CERTIFICATION	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
Ē	that initiated events resulting in deeth) LAS	т	302.7	(On No A CONSE.	DUENCE C	r):							
	d												
¥.	PART II. Other eignifice	nt condition	is contributing to	death but not i	reculting	In the un	nderlyin	g ceuse ç	given in	Pert I. 24e. WAS AN			WERE AUTOPSY FINDINGS
MEDICAL										t YES			COMPLETION OF CAUSE OF DEATH?
										_			YES 2 NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?) MEOICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one)			
IYS	1 YES 2 NO		1 Inpetient 2			4 🗆 Nun	sing Hom		aldenca	8 Other (Specify)			
	1 Natural S	Pending	28a. OATE OF (Month, De	INJURY Jay, Year)	28b. TIM INJ	URY M		PRK?		28d. DESCRIBE HOW	NJURY OCC	URED	
B	2 Accident	Investigation	28a, PLACE C	OF INJURY — At he	- term	Total lead		YES 2	NO				
E		Could not be determined	building,	arte. (Specify)	Atte term,	Mreet, tace	югу, отне	•		281. LOCATION (Street City or Town, State)	and Number (or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER	TITVINO BUVE											
MP										to the cause(s) and me time, data and place, ar			
	29b. SIGNATURE AND TITLE			Automotive Const.	Historia Gario	M, Bi by o	pinion, u				nd due to the	cause(s) a	ind manner ea stated.
8	C C	Q Q	19 84	8				29c. LICE	ENSE NUM	IBER	29d. OATE	SIGNED (A	Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAU	SE OF OFATH (ITE	M 27) (Type	Orint)					2	1/4	172
	MICHAEL	. T.	CHIN	dis	Phi)	TH	FE	joH	NS HOPK	CINS	HO	SPITAL
	31. DATE FILEO (Month, Day,	992	32. REGISTRA	AA'S SIGNATURE	90								

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	JR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	or Health and Memtal Hydrene prior to bunal, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TTENDING PHYSICIAN; The law requires that the death certificate be executed v	TOR; After this certificate has been signed by the attending physician and comp	after death with the State Dept. of Health and Merital Hygiene prior to bunal, c	28 is marked, or item 23 shows any injury, or other traumatic eve
TO THE HOSPITAL OR	TO THE FUNERAL DIRE	be find within 72 hours	IMPORTANT: If item

hould

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FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	3tta Gu	aliuzza		2. DATE OF DEATH MONTH SAY	93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-74-8840	5. SEX 1 M 2 F 6. AGE (In yrs. les	YRS. WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7 6. BIRTH	HPLACE (Stote or Foreign
9a. FACILITY NAME (If not institution, give st Fairmount	Nursing Cen-	Bb. CITY, TOWN	altimo	eath s	Ba Ho	City
10a. STATE 10b. COUNTY Md, BAL	TIMORE	10c. CITY, TOWN OR LOC	ation			10d. INSIDE CITY LIMITS? 1 YES 2 NO
io Deligh	+ Ave		or. ZIP CODE	4	log. CITIZEN OF	S.A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 161 IF YES, GIVE WAR OR DATES	TO If yes, i		NIC ORIGIN? (Specify Yea or an, Puarto Rican, etc.) fy:	r No — 14. RACI Blac Spec	E - American Indian, ik, White, atc.

DIRECTOR FAIT RESIDENCE OF 10a. STATE 10b. COUN FUNERAL 11. MARITAL STATUS 1 Never Merried 2 Mer BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 186. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) ATHOME Housawite 124EARS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CORTILILLO LUCIA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DELIGHT AVE. BALTIMORE MARYLAND 21236 2 GU9LIUZZA MS LENA 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)
NEW CATHEORISE CEMETERY 20e. METHOD OF DISPOSITION
1 Pr Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) OATE / 20c. LOCATION - City or Town, State BACTIMORE MARYLANI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DIPPEL FLINERAL HOME DUC. martin THOBELAIR RA BATIMORE MARYLAND ZIZOG 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, **Approximate** shock, or haert feliure. Liet only one ceuse on each line. interval Between Onset end Deeth IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 P Nursing Home 5 Residence 6 Other (Specify) 1 U YES 2 10 npatient 2 - ER/Outpatient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? 1 Netural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide e Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MEDICAL B 8192 D40521 .21 HOUSEDFACER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOSPITAL CHURCK DR. OCHANEY 21231 N. BROADWAY BALTIMORE MD 100 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE 1992 B

physician.	burial-transit permit. Pages 1,		
retained by the hospital or attending	5 should be detached for use as the		notified at once.
HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Security after death. Page 6 may be retained by the hospital or attending physician.	THE INVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1	n, or removal.	Adminut; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
th certificate be executed within 2	ending physician and completely fi	Il Hygiene prior to burial, cremation	or other traumatic event, th
IAN: The law requires that the dea	rtificate has been signed by the att	he State Dept. of Health and Menta	or Item 23 shows any injury,
HESPITAL OR ATTENDING PHYSIC	FUNERAL DIRECTOR: After this cer	Let whin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TTANT: If Item 28 is marked, o

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT RTIFICATE			MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last) LERO 4. SOCIAL SECURITY NUMBER 2/2-/6-7738	5. SEX 6. AGE (In yrs. last I	DY	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH DATE OF BIFTH (Mooth Day, War)	7 - 9 7 8. BI	3. TIME OF DEATH 3. TIME OF DEATH 13. TIME OF DEATH INTHPLACE (State or Foreign ountry) OUNTRY)	
OR	9a. FAGILITY NAME (If not institution, give str	rest and number)	9b. CITY	, TOWH OR	LOCATION OF DE	ATH CC	9c. COUNTY C	DF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN C	OR LOCATIO	ON C	0.1	-	10d. INSIDE CITY LIMITS?	
	10e. BTREET AND NUMBER	dRAL St. A	2611	10f. 2	ZIP CODE	1 0140	10g. CITIZEN	1 VYES 2 □ NO OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL SYATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AM FORCES? 1 YES 2 PRO IF YES, GIVE WAR OR DATES		If yes, spec	NDENT OF HISPANI Ify Cuban, Mexican MO Specify:	C ORIGIN? (Specify Yee , Puerto Ricen, atc.)	1 1	RACE — American Indian, Black, White, atc.	
G	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give	EDENT'S USUAL O e kind of work done Do NOT use retired.)	CCUPATION during most	of working	16b. KIND OF BUS	INESS/INDUSTR	BIACK	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) TRU	uck		ver	Heck	1+3		
9 17. FATHER'S NAME (First, Middle, Lest) JOHN HANDY VIOLET									
10 B	9 HMC	one, Md							
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	20b. PLACE O	ERSON	Chu	Meny, cramatory or Ce	m. TA	ATION - CHY	SAND, Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / Fun >	22.	In C.	MARC	L F/H 110	I E. N	both Ave.	
		complications that caused the dea List only one cause on each line.	th. Do not antai	r the mode	a of dying, such	as cerdlec or respli	ratory arrest,	Approximete interval Batween Onast and Death	
	IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	DUE TO (OR AS A CONSECU	IVE	tf	EART	PAIL	UR		
NO	Sequentially list conditions,	40.	ENA	2	FA	LURE			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	0.11 0	BSTRU	1077	VE PO	re mora	ry !	DISEASE	
CER		d							
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	a contributing to death but not re	eaulting in the u	ndarlying	cause given in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Z: ME						-		1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE		CE OF DEATH (Che	ick only one)			
HYS	1 Tes 2 NO 27. MANNEB-OF DEATH	1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJU	RY AT	6 Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURE	ED	
ВУ	1 Natural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be	M ne, farm, atreet, fac	WORK? 1 YES 2 NO Story, office 26f. LOCATION (Street and Number or Rural Route Number,						
ETED	4 Homicide determined	building, etc. (Specify)				City or Town, State)			
COMPLETED	1000000	CIAN: To the best of my knowledge, des R: On the best of examination end/or in						use(e) end menner ee stated.	
BE C	29b. SIONATURE AND TITLE OF CERTIFIER	-0			29c. LICENSE NUM	5.00	29d. DATE SIG	ONED (Month, Day, Year)	
9 30272 2/7/9									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

31. DATE FILED (Month, Day, W

MILLEN BON

32. REGISTRAR'S SIGNATURE

2. Julia Davidson-Rendale

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have the more after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) w -

1992

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	1 - STATE REGISTRAR	STATE OF I	WARYLAND	/ DEPAR	ITMENT	OF H	EALTH /	AND N	MENTAL HYGIEN	NE				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF													
	Carolyn	Marie		Hous	199				0.2 0.9	1992				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. OATE OF BIRTH 8. BIRT			IPLACE (State or Foreign		
	178-50-6216	1 🗌 M 2 💢 F	27	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6/20/64		Countr	nsylvania		
	90. FACILITY NAME (If not institution, give	e street and number)			9b. CITY,	TOWN C	OR LOCATION	N OF OE						
DIRECTOR	Sacred Heart	Hospital					rlan				Alleghany			
EC	10e. STATE 10b. COUN			10c. CI7	TY, TOWN OF									
SIR	Pa. Bed						lls			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	1014 0001	03		44000	-				1 TYES 2				
FUNERAL	Rd.#1,					101.	. ZIP CODE			10g. CIT		WHAT COUNTRY?		
NE	11. MARITAL STATUS							15534			USA			
BY FU	1 Naver Married 2 Merried 3 Wildowed 4 Divorced	1 Naver Married 2 Merried FORCES? 1 YES				2 NO II yee, specify Cuban, Maxica				ly: Specify:				
	15. DECEOENT'S EC	DUCATION	18a /	DECEDENT'S	1161141 00	CHRATIC			I was some as as	white				
COMPLETED	(Specify only highest gra-	ide completed)		(Give kind of sille. Do NOT us	work done du	uring mos	st of working	1	16b. KIND OF BU	. KIND OF BUSINESS/INDUSTRY				
7	Elementary/Secondery (0-12)	College (1-4 or 5 +	+)		1	- 0	7la		Sales					
M	17. FATHER'S NAME (First, Middle, Last)	+6	II.	6 Lat T	Sare	S C.	Clerk							
						ļ			ME (First, Middle, Meiden	Sumame)				
BE	Paul Housel								ningham					
2	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADORESS	(Street ar	nd Number of	ir Rural Ro	Route Number, City or Town, State, Zip Code)					
	Ann C. McNamara			Rd #7	Buit	lalo	Mill	Ls,	Pa. 15534					
	4 Donation 5 Other (Specify)	20c. METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other/(Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemejery, crematory of other place) St. John's Cemetery 20c. LOCATION - City or Town, State New Baltimore, Pa.												
	21. SIGNATURE OF JUNE AL SERVICE	LICENSEE		0	22. N	AME AN	O ADDRESS	S OF FAC	LITY			20, 200		
	N/2 //	1111			Ga:	ry J	L. Kar	ufma	in Funeral	Home	е			
	/ Jang 1/1	10/			56	95 1	Main !	St.,	Elkridge	, Md	. 2	1227		
	23. PART I. Enter the diseases, or ahock, or heart failure	r complications that	t caused the d	death. Do r	ot enter t	he mor	de of dying	g, such	aa cardiac or reap	iretory an	reat,	Approximata		
	IMMEDIATE CAUSE (Final	is any only one can	aa on each m	10.								Interval Between Onsat and Death		
	disease or condition reaulting in death)	a. Cardia	c Arrhy	thmia										
	Today III adding	DUE TO	(OR AS A CONSI	EQUENCE OF	F):							-		
z		•										İ		
9	Sequentially list conditions, If any, leading to immediate	OUE TO	(OR AS A CONSI	EOUENCE OF	ብ :									
8	cause. Enter UNDERLYING											j		
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa	oue to	(OR AS A CONSE	EQUENCE OF	f):									
분	reaulting in death) LAST	4.										İ		
8	0.													
AL	PART ii. Other aignificant condition				n the und	eriying	cause giv	ven in P	Part i. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
Fatty metamorphosis of the liver 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 Yes 2 NO 1 Inpetiant 2 X ER/Outpetient 3 DOA 4 Nursing Home 5 Residually R								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Ä									-	: LJ NO		OF DEATH?		
=									-			1 YES 2 NO		
M	25. WAS CASE REFERRED TO MEDICAL	T				04 DI	OF OF DEA	711 101-1						
30	EXAMINER? 1 Yes 2 No	EXAMINER? HOSPITAL: OTHER:												
₹	27. MANNER OF DEATH	1 Inpetient 2 🗙						Other (Specify)						
4	1 Natural 5 Depending	28a. DATE OF (Month, Da		28b. TIME INJU	URY	RY WORK?		K?		DESCRIBE HOW INJURY OCCUREO				
2 Accident investigation M 1 YES 2 NO														
							oute Number,							
E	4 Homicide determined								****					
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS													
N	one) 2 MEDICAL EXAMIN	IER: On the beels of ex	amination end/or	r investigatio	n, in my opi	nlon, de	eth occured	at the ti	me data and place, an	due to th	e cause(e)	and manner as stated		
	29b. SIGNATURE AND TATLE OF CERTIFIE			1400										
BE	29d. DA							29d. DATE	E SIGNED	SIGNED (Month, Day, Year)				
2 Lewis Later No O.C.M.E.							0.2	02 10 1992						

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

George E.

Hartlove

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PHYSICIAN:
R ATTENDING PHY
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	Geor	ge E	. Hartlo	ve				2	-10 - 19	92	1961	
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTN	8. BIRTNPL	ACE (State or Foreign	
	216-28-52	52	M 2 □ F	61	YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, 3 – 11	-1930	Mary	land	
	9a. FACILITY NAME (If not I	institution, g	give street and number)			96. CITY, TOWN O	R LOCATION OF D			INTY OF DEA		
DIRECTOR	Francis	Scot	t Key Me	d. Cnt		Baltin	nore					
3	RESIDENCE OF DE	10b. CO			T son CITY	TOWN OR LOCAT	1011					
	24.3	100.00									Dd. INSIDE CITY LIMITS?	
	Md .	_			Ba	ltimor					YES 2 NO	
			- T.7			101.	ZIP CODE		10g. Cl1	TIZEN OF WNA	AT COUNTRY?	
	1213 Tra	ver					21224		U	J.S.A.		
	1 Never Married 2	Married		X YES 2		If yes, spe	ENDENT OF HISPAI clfy Cubsn, Maxica	an, Puarto Rican,	etc.)		- American Indian, Vhita, atc.	
5	3 Widowed 4 Div	rorced	WWTT	AR OR DATES		1 TYES	2X NO Specif	y:		Specify:	White	
	15. DEC	CEDENT'S	EDUCATION	18a. D	ECEDENT'S U	SUAL OCCUPATIO	N .	16b. KIND	OF BUSINESS/IN	DUSTRY	MILLUE	
	(Specify on Elementary/Secondary ((rade completed) College (1-4 or 5 -	- 10	Give kind of wo ie. Do NOT use	rk done during mos retired.)	st of working		0. 000			
1	8th		30,10g0 (1-4 0) 3 t	· _	arper	iter		- C	onstru	ation		
	t7. FATHER'S NAME (First, A	Widdle, Last))			1001	18. MOTNER'S NA			CIOII		
	George	R.	Hartlove							0.036		
	19a. INFORMANT'S NAME (1	Pb. MAILING A	DDRESS (Street a	nd Number or Rural		n Karc			
	Mr. Will:	iam	F. Hart1				/ St. E					
	20a. METNOD OF DISPOSIT		I I Har or			DISPOSITION (Ne			20c. LOCATION -		Plate	
	1 Burial 2 Cremati 4 Donation 5 Othe	lon 3 1	Removal from State	cemetery, cr	ematory or other	er place)						
	21. SIGNATURE OF FUNERA		E LICENSEE //	IME .	Carme		D ADDRESS OF FA		Balto	M. M.	d	
4	1	0	, //						Funera 1	Hom	0	
Hartley Miller Funeral 7527 Harford Rd. Balto.										N M	d. 2123	
23. PART if Enter the diseases, or complications that caused the death. Do not anter the mode of dving, such as cardiec or respiratory except											Approximate	
shock, or heart failure. List only one cause Dn each line. IMMEDIATE CAUSE (Fine)											Onset and Da	
	disease or condition	→	Conse	e4:12	6	2 4-	- 10 -				94	
1	reaulting in death)		a. Congo	(OR AS A CONSE	OUENCE OF	1	anare				1.0	
:			- Myac	ashar	1 10	40002	ion				98	
2	Sequentielly list condit if any, leeding to imme		DUE TO	(OR AS A CONSE	OUENCE OF)	forct	1011				10	
3	cause. Enter UNDERLY	/ING	c.									
	CAUSE (Disease Dr inju that Initiated avents		OUE TO	(OR AS A CONSE	OUENCE OF)							
CERTIFICATION	resulting in death) LAS	ST	d									
	PART ii Other elenifie	ant sond	None contained as	dente bole on							1	
T CAL	PART ii. Other elgnific								WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDIN AILABLE PRIOR TO	
	Dissemin	pted	Intrave	L CO	sescript	pottos	1 DI	YES 2 NO	COMPLETION DE			
Ξ.	Preum	igon	0					_ '			YES 2 NO	
:												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO												
1	1 TYES 2 NO		1 Minpatient 2	ER/Outpatient	OTHER: Nursing Nome							
	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME			28d. DESCRIBE	NOW INJURY OC	CURED		
1 Month, Dey, Year) 1 VORK? 2 Accident Investigation (Month, Dey, Year) 1 YES 2 NO												
	3 Cudelde	Could not	28e. PLACE O	F INJURY — At h	eet, factory, office							
	4 Nomicide	detarmine		atc. (Specify)		City or Town, State)						
ľ	29a. CERTIFIER	TIEVING DI	NVSICIAN: To the best of	and because of the same					2012-00-00-0			
			NYSICIAN: To the best of									
			MINER: On the basis of as	Carrier and/or	investigation,	in my opinion, de	enth occurred at the	time, data and p	elaca, and due to t	tha cause(s) a	nd mannar as stated	
	296. SIGNATURE AND TITUE	E OF CERT	IFIER				29c. LICENSE NUI	MBER	29d. DA	TE SIGNED (M	onth, Day, Year)	
- 11		10 1/1	A () A /)				110~	53		2-10-	0=	
)			ALV I	VI.D.			4-71	20	1	- 10.	-45	
2	30. NAME AND ADDRESS O	OF PERSON	WNO COMPLETED CAUS	SE OF DEATH (ITE	EM 27) (Type, F		4-77	70		2 10-	-45	
?	W. John	ron	1 000	BE OF DEATH (ITE	M 27) (Type, F		altimo	ire, Mi	D ZI	205	45	
2	30. NAME AND ADDRESS O	ron	1 000	BE OF DEATH (ITE	1fe 5		altimo	ire, m	D ZIZ	205	45	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

92 03625

3. TIME OF DEATH 156

Approximate interval Between **Onset and Death** 67

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?

2. DATE OF DEATH DAY

2-10-1992

DNMN-16 Rev 1/89

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral (hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event. the medical examine
4	3	6
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FUNERAL Within 72 h

F F

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31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) STELLA W. HERDOCK 2. DATE OF DEATH 922AR 3. TIME OF OEATH DAY 9 54/10 evdock 92 LOSP 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 83_{ves} 1 M 2 F DAYS HOURS MIN 217-14-2824 260 USA 12 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Barningre Boilturone 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Bathingle Bathmone 1 PYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2336 USA 21224 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, efc. IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) YEARS HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ANDREW BINKOWSKI notified at VICTORIA JAKUBIAK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. DELORES SMERDZINSKI 8213 BUCKNELL VIENNA, DRIVE VA.22180 pe 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION — City or Town, Stata OATE GREENMOUNT BALTO. CITY. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. RAYMOND KACZOROWSKI FUNERAL HOME FLEET STREET BALTO. 23. PART | Enter the disease, or complications hat caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, or heart failure. List only one cause on each line. Approximate Interval Batween **IMMEDIATE CAUSE (Final** Onset and Death diseese or condition Sepsis resulting in death) 2 days DUE TO (OR AS A CONSEQUENCE OF): Hyperral cemia CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediata cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): Ellup CAUSE (Diseese or Injury that initiated events reaulting in death) LAST Multiple mneloma PART il. Other significant conditions contributing to deeth but not reaulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 15 inpetient 2 ER/Outpetient 3 DOA **EXAMINER?** OTHER: 1 YES 2 AO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, MPORTANT ed at the time, date end place, end due to the cause(a) and menner as stated. 29h. SIGNATURE AND TITLE OF CENTIFIER BE 29d. DATE SIGNEO (Month, Day, Year) 29c, LICENSE NUMBER 3 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Eastern

wha Davidson

4940

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	Dgh Rd Dgh Rd	S. SEX 1 M 2 Fetrest and number) ad 12. WAS DECEDER FORCES? IF YES, GIVE 13. WAS DECEDER FORCES? IF YES, GIVE 14. WAS DECEDER FORCES? IF YES, GIVE 15. OSEPH T.	92 TE VER INT EVER INT 1 VES WARR OR DAT +) Mahor	U.S. ARMED 2 (TNO 10c.) 10c.	9b. CITY 9b. CITY 13. 13. 15. 17. 15. 16. 17. 17. 17. 18. 18. 19. 19. 19. 19. 19. 19	DAYS TOWN (Rai DR LOCAT 100 WAS DEC If yes, sp I YES CCUPATIC Guring mo	Randal M. ZIP CODE 2.1 CENDENT OF HISPA poetry, Cuben, Mexic S 2 ANO Special ON ost of working	1Stown 133 NIC ORIGIN? (S. en, Puerto Ricarily: 16b. KIN Minn: Route Number, C.	Pecity Yes or No-n, etc.) 10g. C United Surname 10g. Melden Surname 12g. Melden Surname 1	County of the altimetrizen of ited the spectrum of the spectru	yland yearh ore 10d. INSIDE CITY LIMITS? 1 □ YES 2 🏋 WHAT COUNTRY? States E — American India k, White, elc. ### ucasian Home
B711 McDond ESIDENCE OF DE STATE Maryland STREET AND NUMBER B711 McDond MARITAL STATUS Never Married 2 Div (Specily on Elementary/Secondary (6th. Grade FATHER'S NAME (First, A D. INFORMANT'S NAME (7) Burlel 2 ACrement Donation 5 Othe SIGNATURE OF FUNERAL	Ogh Ro CEDENT 10to. COUNT 10	Baltimon 12. WAS DECEDER FORCES? IF YES, GIVE V JCATION 6 COmpleted) College (1-4 or 5	92 TE VER INT EVER INT 1 VES WARR OR DAT +) Mahor	2. YRS 10c. 1	9b. CITY 9b. CITY 13. 13. 15. 17. 15. 16. 17. 17. 17. 18. 18. 19. 19. 19. 19. 19. 19	DAYS TOWN (Rai DR LOCAT 100 WAS DEC If yes, sp I YES CCUPATIC Guring mo	NOTHER'S N INCOME MIN. OR LOCATION OF E INCOME AND A CONTION Randal M. ZIP CODE 2.1 CENDENT OF HISPA poetry, Cuban, Mexic S 2 ANO Spector INCOME 18. MOTHER'S N and Number or Rural	June June June Stown 133 NIC ORIGIN? (S. BIR, Puerto Ricar IV): 16b. KIN Minn: Route Number, C.	7, 1899 9c. co Ba 10g. C Un: pecity Yes or No- n, atc.) 10 OF BUSINESS/	County of the altimetrizen of ited the spectrum of the spectru	yland yland ore 10d. INSIDE CITY LIMITS? 1 YES 2 3 WHAT COUNTRY? States E—American India k, White, elc. why: ucasian Home
B711 McDond ESIDENCE OF DE STATE Maryland STREET AND NUMBER B711 McDond MARITAL STATUS Never Married 2 Div (Specily on Elementary/Secondary (6th. Grade FATHER'S NAME (First, A D. INFORMANT'S NAME (7) Burlel 2 ACrement Donation 5 Othe SIGNATURE OF FUNERAL	Ogh Ro CEDENT 10to. COUNT 10	Baltimon 12. WAS DECEDER FORCES? IF YES, GIVE IN JCATION College (1-4 or 5 OSEPH T.	NT EVER IN I 1 YES WAR OR DAT +) Mahor	U.S. ARMED 2 NO res 16a. DECEDEN (Give kind iffe. Do. MAIL 371	T'S USUAL Of work done of work done of user referred.) aker ING ADDRES 1 McDo	Ran DR LOCAT 100 100 100 100 100 100 100 1	Randal M. ZIP CODE 2.1 CENDENT OF HISPA POETRY, Cuban, Mexic S 2 ANO Spec ION OST of working	1Stown 133 NIC ORIGIN? (S. en, Puerto Ricarily: 16b. KIN Minn: Route Number, C.	9c. Ci B 2 10g. C Un : pecify Yes or No— 1, etc.) D OF BUSINESS/	CALINDUSTRY Re: ZIP Code)	10d. INSIDE CITY LIMITS? 1 VES 2 X WHAT COUNTRY? States E — American India k, White, elc. why: ucasian Home
ESIDENCE OF DE STATE Aryland STREET AND NUMBER 3711 McDond MARITAL STATUS Never Married 2 (Specify on Disposition Elementary/Secondary (6th. Grade FATHER'S NAME (First, A INFORMANT'S NAME (Forst, A INFORMANT'S NAME (Forst, A METHOD OR DISPOSITION Burlet 2 Cremett Donetion 5 Othe SIGNATURE OF FUNERA STATE	Digh Rd Digh Rd Merried Order CEDENT'S EDIT Phighest grade 0-12) Alddle, Last) Type/Print) CITIEN TON On 3 Rent r (Specify)	Baltimon 12. WAS DECEDER FORCES? IF YES, GIVE I College (1-4 or 5 OSEPH T.	NT EVER IN I 1 YES WAR OR DAT +) Mahor	U.S. ARMED 2 NO res 16a. DECEDEN (Give kind iffe. Do. MAIL 371	T'S USUAL Of work done of use refred.) aker ING ADDRES 1 McDo	WAS DECIFY OF THE PROPERTY OF	Randal M. ZIP CODE 21 CENDENT OF HISPAPOPORTHY, Curban, Mexic S 2 ANO Special No. Special	1stown 133 NIC ORIGIN? (S. en, Puerto Ricar ly: 16b. KIN Minn: Route Number, C.	pecify Yes or No- 1, etc.) D OF BUSINESS/ e, Melden Surname i e Zity or Town, State,	ited 14. RACC Blac Spec Cal INDUSTRY Re: Z(p Code)	10d. INSIDE CITY LIMITS? 1 □ YES 2 ② WHAT COUNTRY? States E — American Indi K, White, etc. ##: ucasian Home
Aryland STREET AND NUMBER 3711 McDon MARITAL STATUS Never Married 2 (Specify on Elementary/Secondary (6th. Grade FATHER'S NAME (First, A D. INFORMANT'S NAME (JOSeph Han METHOD OR DISPOSED METHOD OR DISPOSED SIGNATURE OF FUNERAL SIGNATURE OF FUNERAL	Ogh Rd Married Orced CEDENT'S EDI Ny highest grack 0-12) Aiddle, Last) Type/Print) CINE T TION TON TON TON To Specify)	Baltimon 12. WAS DECEDER FORCES? IF YES, GIVE I JCATION to completed) College (1-4 or 5 OSEPH T.	NT EVER IN I 1 YES WAR OR DAT +) Mahor	U.S. ARMED 2 NO res 16a. DECEDEN (Give kind iffe. Do. MAIL 371	T'S USUAL Of work done of use refred.) aker ING ADDRES 1 McDo	WAS DEC If yes, sp I — YES CCUPATION during mo	Randal M. ZIP CODE 2.1 CENDENT OF HISPA pecity, Cuban, Mexic S 2 ANO Spec ION ost of working 18. MOTHER'S N and Number or Rural	133 INIC ORIGIN? (S. an, Puerto Ricar ly): 16b. KIN AME (First, Middle Minn:	United to the second of the se	ited 14. RAC Blac Spec Cal INDUSTRY P) Re: Z(p Code)	LIMMTS? 1 □ YES 2 ☑ WHAT COUNTRY? States E — American India k, White, etc. ##/: ucasian Home
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Joseph Hai	TION on 3 - Rem	CENSEE	20b. F	371	1 McDo	nog					122
Buriel 2 ACremeti Donation 5 Othe SIGNATURE OF FUNERA	on 3 🗆 Rem	CENSEE	20b. F	LACE AND DA	TEOFDISPOS	ama day : ::			ocowit, I	'ID 2.1	133
Donation 5 Other	r (Specify)	CENSEE	_ Can	tery, crematory (ITION (Na	lame of	DATE	20c. LOCATION	City or To	own, Slate
· Joseps	LOGUE LI			rroll	Cremat	ory	, INC.	2/6/92	Hampste	ead,	Maryland
PART I Enter the	(4.6)		- ,		22. T	NAME AN	nd Address of F	Funora	1 Direct	tore	TNC
PART I Enter the	1.0.	Kellne	ce!				Liberty				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events									>6		
solding in death) LAS		d									-
ART II, Other significo	t not reaultin	ng in the ur	derlying	g cause given in		PERFORMED?	SY 24t	. WERE AUTOPSY AVAILABLE PRIOF COMPLETION DF DF DEATH?			
WAS CASE REFERRED 1	O MEDICAL					20 04	A ACE OF DEATH 40				
EXAMINER?		HOSPITAL:	FR/Output	lant 3 000	28. PLACE OF DEATH (Check only one) OTHER:						
MANNER OF DEATH	Pending	28a. DATE DE	FINJURY		TIME OF INJURY	28c, INJ WO	JURY AT			OCCURED	
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28e. PLACE C building.	OF INJURY - , etc. (Specify	Al home, larr	M 1 VES 2 NO			28f. LOCATION	N (Street and Numi wn, State)	ber or Rural	Route Number,
one) 2 MED	ICAL EXAMINI	ER: On the basis of a					death occured at the	time, date end	piece, and due to	the ceuse(
	F PERSON WI	10 COMPLETED CAU	SE OF DEAT	'H (ITEM 27) (7)	irpe, Print)	10	CAPIL	1-Ral	Kan	2/6	slow
	Mari	22 050000	ADIO CIONI		00			1-0	ND	211	33.
	was case referred in Examiner? Was Case referred in Examiner? Was Case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner? Was case referred in Examiner.	was case referred to medical examiners of Date Filed (Month, Day, Year)	was case referred to medical exiting in death) Was case referred to medical exiting in death) Was case referred to medical exiting in death) Last ART II. Other significent conditions contributing to d. Was case referred to medical exiting in death Last ART II. Other significent conditions contributing to d. Was case referred to medical exiting in death Last Was case referred to medical exiting in death Last Was case referred to medical exiting in death Last Was case referred to medical exiting in death Last Was case referred to medical exiting in death Last Was case referred to medical exiting in death last exiting in d	Seese or condition suiting in death) DUE TO (OR) AS A CONTROLOGY STATE OF CONTROLOGY	Seese or condition suiting in death) Due TO (OP) As A CONSEQUENCE DE TO (OP) As A CONSEQUENCE DE TO (OP) AS A CON	DUE TO (OP) AS A CONSEQUENCE OF): DUE TO (OP) AS A	DUE TO (OR) AS A CONSEQUENCE OF): DUE TO (OR) AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE	DUE TO (OP)AS A CONSCOUENCE OF): DUE TO (OP)AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO	DUE TO (OR) AS A CONSEQUENCE OF): DUE TO (OR) AS A	seese or condition suiting in death) a. DUE TO (0R)AS A CONSEQUENCE OF): DUE TO (0R AS A CONSEQUENCE OF):	Beguentially list conditions, sary, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. ART III, Other significent conditions contributing to fine part II, Other significant in Part II. ART III, Other significent conditions contributing to fine part II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significant II, Other Significa

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	OTHE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	
	Pag	707	
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1. DECEDENT'S NAME (FI	et Middle Leet)	-	- OL	141111	CATE	OF	JEAI	П		EG. NO.			
Velma M.	Hall								2. DATE OF I	8 DAY	1992	EAR 3.	2:00p
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. lest I		IF UNDER		IF UNDER	24 HRS.	7. DATE OF E	HRTH v. Year)	6.	BIRTHPL Country)	ACE (State or Foreign
217-36-261.		1 M 2 F	76	YRS.					8-2-1	915		Mary!	Land
9e. FACILITY NAME (# not					9b. CITY	, TOWN OR		ON OF DE	ATH		9c. COUNT		
1304 Wilson RESIDENCE OF DI 100. STATE Md	Point	Road				Ess	ex				Ba	ltim	ore
10a. STATE	10b. COUNT	*		10c. CITY	r, TOWN C	OR LOCATIO	N					10	INSIDE CITY
Md Md	Balti	more		Es	sex								LIMITS?
100. STREET AND NUMBE	R					10f. Z	IP CODE				10g. CITIZE		T COUNTRY?
1304 Wilson	Point	Road				2	1220	0			USA		
11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. ARMI		13.	WAS DECEN	DENT O	F HISPAN	IC ORIGIN? (S	pecify Yes o		. RACE -	American Indian,
1 Never Married 2 (IF YES, GIVE V			;	YES 2	NO NO	Specify	n, Puerto Ricar	, atc.)		Specify:	Thite, atc.
	CEDENT'S EDU	I CATION					^					white	2
(Specify of	nly highest grade	completed)	(Give		rork done o	CCUPATION during most	of working	g	18b. KIN	D OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary		College (1-4 or 5	1)		e cine				1 ~	n II.			
High Scho			Home	e Mai	ker	1	A MOTH	ED'C MAR	ME (First, Middl	n Hor			
	ab.								ret E	_	urname)		
19. INFORMANT'S NAME			19b.	MAILING	ADDRESS	(Street and			loute Number, C		State 7in Co	ode)	
Charles Ha	1								Essex.			,00,	
20a. METHOD OF DISPOS	TION		20b.PLACE AN				_	NU.	DATE DATE		TION - CIF	or Town.	State
1 Donation 5 Oth		oval from Stata	Green	MOL 11	her place)	remat	orv		2-10				
21. SIGNATURE OF FUNEF	AL SERVICE	CENSEE		1.100	22.1	NAME AND	ADDRES	S OF FAC	PILITY				у
tox	, X	1/10	1. W)	Bra	adley	-Asl	hton	Funer	al Ho	ome,	Inc.	
23. PART I. Enter the	diseases, or	complications the	t coursed the deal	10001	1121	34 Wi	110	w Sp	ring R	d. Di	ındall	$\sim MD'$	
snock, or	neart tailure.	Liet only one cau	ise on each line.	iii. DO 11	or enter	THE INOUE	or ayır	ng, auch	es cargiec	or reapira	tory arrea	t,	Approximate Interval Between
IMMEDIATE CAUSE (F	Inel	M	ALIGNI	ANT	-	1	VM	04	0111				Onset and Dea
reculting in desth)		DUE TO	(OR AS A CONSEQU	ENCE OF):		1-1	7 111	JPV N				
2					,-								
Sequentielly list cond if sny, leading to imm	tiona, ediete	DUE TO	(OR AS A CONSEQU	ENCE OF):								
CAUSE (Disease or In		c											
that initiated events resulting in desth) LA		DUE TO	(OR AS A CONSEQU	ENCE OF):								
Sequentielly list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	"	d											ļ Ļ
	ant condition	a contributing to	deeth but not ree	ulting is	n the un	derlying c	euae g	iven in F	Part I. 24a	WAS AN AL	TOPSY	24b. WF	RE AUTOPSY FINDING
PART II. Other signific	VD									PERFORM	ED?	AM	AILABLE PRIOR TO
									_ '	YES 2	NO	OF	DEATH?
									-			11	YES 2 NO
25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	TO MEDICAL					26. PLAC	E OF DE	ATH (Che	ck only one)				
EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA	OTHER	t:			Other (Spi	oc/h/)			
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIME	OF	28c. INJUR	Y AT		28d. DESCRIE		URY OCCUR	ED	
1 Natural 5 2 Accident	Pending investigation	(Month, D	ay, rear)	INJU	M	WORK 1 YES		NO					
	Could not be	28s. PLACE O	F INJURY At home	e, farm, si	reet, facto	ory, offica			28f. LOCATION	Street and	Number or	Rural Rout	Number,
4 Homicide	detarmined		,						City or Tox	vn, State)			
29e. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the beat of	my knowledge, death	h occurre	d at the ti	me, data an	d place,	and due t	the cause(s)	and manne	er an stated.		
3 Suicide a 4 Homicide 4 Homicide 29e. CERTIFIER (Check only 1 one) 2 ME	DICAL EXAMINE	R: On the besis of a	xamination and/or lov	restigation	, in my o	pinion, deat	h occure	d at the t	Ime, data and	place, and	dua to the c	ause(a) an	d manner as stated.
			200					NSE NUMI					onth, Day, Year)
30. NAME AND ADDRESS	ever	n, 1	(M)				1)11	50.	22		> 7	19)-	97
				_			4				E-m	10	10
30. NAME AND ADDRESS	F PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM :	27) (Type,	Print)			-					
30. NAME AND ADDRESS OF THE STATE OF THE STA	ILA.	O COMPLETED CAUS	BALTO		Print)	2	12	37					

BALTIMORE, MARYLAND 21203-3146

BALLIMORE, MARTLAND	24 nours after death. Page 6 may be retained by the hos	y filled in by the funeral director, page 5 should be detach trion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. DOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.		2 03629	
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	Е.	H	ARPER SR	١.	2. DATE OF OEATH DATE OF SERVERY	, 1992		
	4. SOCIAL SECURITY NUMBER 303-30-8264	5. SEX 1X M 2 F 61	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 15,		RTHPLACE (State or Foreign NDIANA	
S.	9a. FACILITY NAME (If not institution, give KIMBROUGH ARMY		PITAL	96. CITY, TOWN O	PR LOCATION OF DEA	ATH	9c. COUNTY O	F DEATH ARUNDEL	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	IY .	10c. Ci	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY	
	MARYLAND AN	NE ARUNDEL			BURNIE	3	La- OFFICE	1 YES 2 NO	
FUNERAL	1020 UPTON RO	AD		101	21060)		.S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? XXVES IF YES, GIVE WAR OR DATE 1949-1969	TES	If yes, sp	ENDENT OF HISPANI acity Cuban, Maxican NO Specify:	s	ACE — American Indian, Black, Whita, atc. Specify: WHITE		
윤	15. DECEDENT'S EDI (Specify only highest grad	UCATION fe completed)	(Give kind of	USUAL OCCUPATION	ON st of working	16b, KIND OF BU	SINESS/INDUSTF	iY	
COMPLET	Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	PLAS	TERER		U.S.G		ENT	
BE CO	17. FATHER'S NAME (First, Middle, Last) WILLIAM J. H	OOPER				PERKINS	Surname)		
10	198. INFORMANT'S NAME (Type/Print) TERUKO Y. HARP	ER				Coute Number, City or Tow LEN BURN			
	20s. METHOD OF DISPOSITION 20s. LOCATION — City or Town, Stata other place) 20s. Location — City or Town, Stata other place) METRO CREMATORY, INC. 2/11 CATONSVILLE, MD.								
	21. SIGNATURE OF PUREFUL SERVICE L	ICENSE	mena	22. NAME AL	ND ADDRESS OF FAC	CILITY		OME 21061	
24.5	· Nary	d. Long		426 C	CRAIN HV	YY.S.W.G	LEN BU	RNIE, MD.	
		complications that caused b. List only one cause on as		not enter the mo	de of dyling, such	as cardiac or resp	iratory srrest,	Approximete Interval Bstween Onset and Death	
	immediate cause (Finsi diseese or condition resulting in desth)	· Respira	tory	Failu	re (P)	cogleso	ine)	Tweeh.	
z	Due Totor As A consequence of: Sequentially Hat conditions, Due To (or As A consequence of: Due T								
CATIO	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	consequence	histruc	lien wie	the who	lele	48 hours	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):	of Jeac	vē:			
CE.	PART II. Other significant condition	ons contributing to deeth by	ut not resulting	In the underlyin	a causa alvan in	Part I. 24a, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS	
JICAL	Probable Con		-	_	-	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDI	Mypo	prolemen	e.	V		_		1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		26. P	LACE OF DEATH (Che	eck only one)		N/A	
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	etlant 3 🗆 DOA	OTHER:	ne 5 🗆 Realdence	s Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 To Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Ti	JURY WO	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	ED	
8	3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm	, atreet, factory, offic		281. LOCATION (Street City or Town, State		ural Route Number,	
COMPLET	CONSCRIPTION 2	/SICIAN: To the best of my knowl						use(s) and manner sa stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	brekenman	LMD	taff Internet	29c. LICENSE NUM	MBER 5 1 2	P Fe	1 1992 17,1992	
	30. NAME AND ADDRESS OF PERSON V SUSHAMA N. SREI				CH, FT.	MEADE, MD	20755-	-5800	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	Savidson.	70.00					
L.	LERT	1 1227 June	A PARTY (TARRY)	अध्यक्षात्र ।				DHMH-18 Rev 1/89	

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HALLER THOUSE THOUSE DE

1 - STATE	E STRAR		SIAIE OF N	MARYLAND /		ICATI				A T A E ARE	G NO			H CN2
	homas		Georg			ller		\$1 A.S	2 8	2 DATE OF D	EATH DAY	11	72 19	S. S. S.
219-	50-0055	5	5. SEX 1 [X] M 2 [] F	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BI (Month, Day, 6/4/	Ybar)		Country) Mai	ce (State or Foreign
		ritan	Hospital					More			a ,60°	9c. COUN	ITY OF DEAT	
10a. STATE		10b. COUNTY				ry, town (t. INSIDE CITY LIMITS?
Mary 100. STREE	Land		imore Co	unty	F	Reist		OWN	E			10g. CITI	1 (ZEN OF WHAT	YES 2 NO
100. STREE 448 (11. MARITAI 1 Never 3 Widow	Chartle	y Park		IT EVER IN U.S. AR	RMED	13.	WAS DEC	211		NIC ORIGIN? (Sp	ecify Yea		ted St	American Indian.
	Married 2 X	•		YES 2 X			If yes, spi		n, Mexica	in, Puerto Rican,			Black, W Specify:	White
Element 17. FATHER		CEDENT'S EDUC ily highest grade (0-12)		(G	tee. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF						OF BUSI	INESS/IND	USTRY	
17. FATHER	8 'S NAME (First, A	Widdle, Last)			C	Const	ruct		HER'S NA	ME (First, Middle			sembly	
	George	Halle	r	-		Elizabeth Monoghan								
) ISM, INFORM	mant's name (Cricia			190	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 448 Chartley Park Drive Reisterstown, Mo							ld. 211:		
20a. METHO 1 Durial	D OF DISPOSIT	TION Ion 3 🗆 Reme	20b. PLACE AND DATE OF DISPOSITION (Name						DATE	20c. LOC	CATION —	City or Town,	State	
	URE OF FUNERA		ENSEE	- H1111	top :		NAME AN	ND ADDRE	SS OF FA	/8/92		WSOII	, Mary	/Tanu
)	mai	KT.	Zavapa	1						Ruck, I d_Rd.		imor	e, Md	. 21214
Sequential if any, let cause. Er CAUSE (that initial	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (CR ASIA CONSEQUENCE OF): DUE TO (CR ASIA CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II.	1 U YES 2 NO COMPLETION OF DEATH?									AILABLE PRIOR TO MPLETION OF CAUS				
EXAMI	NER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient 3	2 DOA	OTHE 4 Nu	R:			heck only one) 6 Other (Spi	eoffu)			
	R OF DEATH	Pending	28a. DATE OF		26b. TII		28c. INJ WC	JURY AT ORK? YES 2 [28d. DESCRIE		JURY OC	CURED	15
3 Su 4 Ho	2 Accident Investigation 3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — building, etc. (Specify,					, street, fac				261. LOCATION City or Tox	N (Street a wn, State)	nd Number	or Aurai Rout	e Number,
29e. CERTII (Check one)	only LE		ICIAN: To the best of a											nd manner aa state
296. SIGNA	TURE AND TITLE	E OF CERTIFIE	Hooyal	40	,			29c. LIC	ENSE NU	MBER			E SIGNED (M	onth, Day, Yber)
30. NAME /	ND ADDRESS	OF PERSON WH	10 COMPLETED CAU	JSE OF DEATH (ITE	EM 27) (Typ	ie, Print)								- 65
31. DATE F	FEB".P"	0 1992	32 PRESISTE	AR'S SIGNATURE	indell	ļ. 1								

DHMH-16 Rev 1/89

THE FUNDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNDERLY DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should here within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO AFF EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (OF DEATH	· ·	3. TIME OF DEATH	
	MARIE A.					2	6		2 11:30 a M	
	4. SOCIAL SECURITY NUMBER 219-30-6364	1 M 2 XF	3 YRS.		HOURS MIN.	7-30	DE BIRTH Day, Year) 0-1898	I	BIRTNPLACE (State or Foreign Country) Maryland	
œ	9a. FACILITY NAME (If not institution, give a Greater Baltimor				R LOCATION OF D	DEATN		9c. COUNTY		
5	RESIDENCE OF DECEDENT		enter	Towson	n .			Balt	ltimore	
J.B.	Maryland Balt	v cimore		OWN OR LOCATION	ON			10d. INSIDE CITY LIMITS?		
1	10. STREET AND NUMBER	THOTE	Tows		ZIP CODE			10a CITIZEN	1 YES 2 NO	
ER/	804 Mockingbird	Lane			21204			U.S.A		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, spec	NDENT OF HISPA city Cuben, Mexic 2 NO Speci	an, Puarto R	? (Specify Yes lican, atc.)	y Yes or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	JCATION o completed) College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most htired.)	N t of working	16b.	KIND OF BUS			
MP	10 yrs		Homemake	er			Own Ho			
ဗ	17. FATNER'S NAME (First, Middle, Lest) Thomas	Getzendann	- 10		16. MOTNER'S NA					
BE	19a. INFORMANT'S NAME (Type/Print)	Getzendann		DRESS (Street on	Mary A					
2	Wilma H. Stegman	<u> </u>			ird Lane					
	20e. METHOD OF DISPOSITION 1 2 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State Cer	b. PLACE ANODATE OF D	DISPOSITION (Nam.		OATE	20c. LOC	CATION — City	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIN		Druid Rido		AODRESS OF F	ACILITY	LQ Pike	esvill	Le, Md.	
	· The a.	Mi		1050 1	Towson I York Rd.	. Tows	som, M	d. 212	204	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Put To (OR AS A CONSEQUENCE OF): ATRIAL FIB DUE TO (OR AS A CONSEQUENCE OF): ATRIAL FIB DUE TO (OR AS A CONSEQUENCE OF): C. RT STROKE CORTICAL DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CI		RRT II. Other significant conditions contributing to death but not resulting in the underlying ceuse given Right hemocolectomy for Ca						n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2X NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	nations 3 DOM 4	THER:	CE OF DEATH (CI					
H	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME O	F 28c. INJUI	5 🗆 Residence RY AT		(Specify)	JURY OCCUR	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		K7 S 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	— At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of my know ER: On the besis of exemination	riedge, death occurred a	t the time, data a	nd place, and due	a to the cause time, data a	e(s) and manr	ner so stated, due to the cr	ause(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CENTIFIE	A			29c. LICENSE NU	MBER		29d. DATE SI	PNED (Month, Day, Year)	
10 B	Irrato	D Las	-the	2	2111	74		12/	192	
	30. NAME AND ADDRESS OF PERSON WN	O COMPLETEO CAUSE OF DE	ATN (ITEM 27) (Type: Prin	nt)		1		1	/	
li	Donald Woods M	.D. 2 Greenm	eadow In	Timonia	m MA			17	/	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

e hos	etach		nce.
y th	9		#
Use the control of th	THE PARTICIAN CHECKTOR After this certificate has been signed. Whe attending physician and completely filled in by the funeral director, page 5 should be detach		MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 54 6	y filler	THOU.	the
D WILDIN	ompletel	or near within 72 hours and could want the state them of required method hygiene prior to burial, cremation, or removal,	event,
xecute	and co	DUNA	atte
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In cer	endin	light I	0 JO
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	1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE REG. NO.	- 00002						
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH						
	Mary B. Ittner		2-8-1992	YEAR CZOD M						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER		, DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
	216-38-7291 1 M 2 X F 86 YRS. MONTHS 99. FACILITY NAME (If not institution, give street end number) 99. CITY	DAYS HOURS MIN.	(Month, Day, Year) 11-29-1905	Maryland NTY OF DEATH						
DIRECTOR	Lorien Frankford Nursing Center	Baltimore	Sc. CO0							
ũ	10s. STATE 10b. COUNTY 10c. CITY, TOWN (OR LOCATION		10d. INSIDE CITY						
F	Md Balti	more		LIMITS?						
AL	10e. STREET AND NUMBER	10f. ZIP CODE	10g. CIT	IZEN OF WHAT COUNTRY?						
FUNERAL	602 N. Robinson St.	21224	U	.S.A.						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13.	WAS DECENDENT OF HISPANIC	ORIGIN? (Specify Yes or No-	14. RACE — American Indian,						
BY F	1 Never Married 2 Married FORCES? 1 YES 27 100	If yes, specify Cuban, Mexicen, I 1 PES 2 NO Specify:	Puerto Ricen, etc.)	Bleck, White, etc. Specify:						
	A -	XX		White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OF (Give kind of work done)	CCUPATION during most of working	16b. KIND OF BUSINESS/INC	JUSTRY						
۳	Elementery/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)									
M	Homemak		Home							
	17. FATHER'S NAME (First, Middle, Last)		(First, Middle, Maiden Surname)							
BE	John H. Williams		ine Garry							
2			ite Number, City or Town, Stete, Zip							
		air Rd. Ba	ltimore,Mar	y1and21206						
1	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION cemetery, crematory or other place)			City or Town, Stata						
	4 Donetton 5 Other (Specify) Meadowridge 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		2/12 Balti:	more, Md.						
1		NAME AND ADDRESS OF FACILI		II a w a						
	Jay D. My Kimm	27 Harford	er Funeral : Rd. Balto.	HOME						
	23 PART I. Enter the diseases, or complications that caused the death. Do not anter	ths mods of dying, such a	ns cardisc or respiratory are	rest, Approximata						
	shock, or hasnt failure. List only one cause on each line. IMMEDIATE CAUSE (Final			Interval Between Onest and Death						
	disease or condition resulting in death)	LDQ.								
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions. To Love was - work parking									
Ĕ	If any, Isading to Immediats									
2	CAUSE (Disesses or Injury	DRARR								
	that initiated events DUE TO (OR AS A CONSEQUENCE OF)! resulting in death) LAST									
CERTIFICATION	d									
	PART II. Other significant conditions contributing to death but not resulting in the un	derlying csuse given in Ps	ort I. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
2			PERFORMED	AMAILABLE PRIOR TO COMPLETION OF CAUSE						
			10.10.29.00	OF DEATH?						
-			_ /	1 NES 2 NO						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check	only one)							
SIC	EXAMINER? 1 YES 2 NO	t: eing Home 5 ☐ Residence 6 ☐	Other (Specify)							
ž	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) INJURY INJURY	28c, INJURY AT 26	6d. DESCRIBE HOW INJURY OCC	CURED						
BY	Netural 5 Pending M	WORK? 1 YES 2 NO								
	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, tarm, atreet, tact building, etc. (Specify)	ory, office 26	61. LOCATION (Street end Number	or Rural Route Number,						
COMPLETED	4 Homicide determined		City or Town, State)							
2	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ti	me, data and place, and due to	the cause(s) and manner as stat	ed.						
8	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my o									
	296. SCHARLINE AND TITLE OF DERTIFIER	29c. LICENSE NUMBE		E SIGNED (Month, Day, Year)						
BE	Allending Physician	7786	K > Z	2 · ((· 9 Z						
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	Richard 6-Bennettons 5505H	opkung Ban	un Circle &	14521224						
	31. DATE FILED (Month, Day, Year) F. F. R. 1 1 1992 32. REGISTRAY'S GIGNATURE PORCES	1000								
	FEB 1 1 1992 Giova Davidson-Nonach									

9	2	-0	3	6	33	

	1 - STATE REGISTRAR	OMIL OF III	CER	TIF	ICATE OF	DEA.	TH	MENIAL	REG. NO.	E		
	1. DECEOENT'S NAME (First, Middle, Last,				10/11 - 0.	D		2. DATE O	FDEATH			3. TIME OF DEATH
	CHARLES JACKSON (SR.) FEB								BUARY 9, 1992			1:45 p.m w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	<u> </u>	IF UNDER 1 YEAR	IDER I YEAR IF UNDER 24 HRS. 7. DAT					6. BIRTH	IPLACE (State or Foreign
	217-05-3329	1 💢 M 2 🗆 F	80	YRS.	MONTHS DAYS	HOURA	MIN.	(Month,	(Month, Day, Year) 3-20-11		Countr	MD
0	9e. FACILITY NAME (If not institution, give	etreet and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COUNTY OF OEATH			11100
DIRECTOR	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY											RE CITY
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d INSIDE CITY											
SIR	MD		Į.		LTIMORE	ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			DI		ZIP COD						1 X YES 2 NO WHAT COUNTRY?
FUNERAL	1402 LAKEWOOD AV	ENUE				2121					S.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEC	0	13. WAS DEC	ENDENT (F HISPAN	NC ORIGIN?	(Specify Yee			— American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		If yee, specify Cuban, Mexicen, Puerto Ricen 1 YES 2 NO Specify:					Speci			
COMPLETED	15. OECEDENT'S ED (Specify only highest grad	JCATION le completed)	16e. DECED	DENT'S	USUAL OCCUPATION	ON .	_	16b. N	(IND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)		NOT us	retired.)	WE OF WORKE	ng					
M	8th								HLEHE	EM ST	EEL	
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mic	idle, Melden	Surname)		
BE	JUNIUS JACKSON					ELL						
2	190. INFORMANT'S NAME (Type/Print) MARY THOMPSON		196. M	AILING 20	ADDRESS (Street of KENHILL	AVF	Or Rural F	Route Number	City or Town	State, Zip	Code)	
	20s. METHOD OF DISPOSITION				OF DISPOSITION (Na		7 0110	OATE		CATION —		
	1 (7) Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	noval from State	cometery cremete	opy or of	AF MOR T ΔΙ	GARI	TENS	DATE				
1 Donation 5 Other (Specify) VOSHELL MEMORIAL GARDENS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									10			
	▶ F	- /	$\mathcal{I}_{\cdot} \subseteq$		WM. C.	MARCI	4 F .	H /11	01 F	NORT	Ή Δ\	/ENIIE
	23. PART I. Enter the disessea, or	complications that	Council the delit	200								
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	s	e on aach line.					T du Cardra	ic or reap.	atory silv	out,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): 2/5/92 - 4/4 2/9/92 - 4/4 2/5/92 - 4/4 2/9/92 - 4/4 2/9/92 - 4/4 2/9/92 - 4/4 2/9/92 - 4/4 2/9/92 - 4/4 3/9/92 - 4/4 4/9/92 - 4/4 4/9/92 - 4/4 4/9/92 - 4/4 4/9/92 - 4/4 4/9/92 - 4/4											
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. End Stage Renal Facilore Hypertension									I. 24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 170		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Che	ock only one)		_		
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 t	DOA	OTHER:				C#-1			
₹	27. MANNER OF OEATH	28a. DATE OF I	NJURY 28	b. TIM	E OF 28c, INJ		aldenca		RIBE HOW IN	JURY OCC	URED	
BY F	1 Natural 5 Pending 2 Accident investigation	(Month, Day	(, Year)	INJ	2.2	RK? 'ES 2 [NO	***************************************				
	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At home, tc. (Specify)	farm, a	treat, factory, office	,		28f. LOCAT	ION (Street a	nd Number	or Rural A	oute Number,
	4 Homicide determined	Sunarily,	te (apacity)					City or	Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN											
	29b. SIGNATURE AND TITLE OF CERTIFIE				1				Lunnal aug			
TO BE	Plan Withtern	M.D.				H9	57	7		29d. DATE	1 /	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI TLAN WITTSTEIN					B	ALT.	MO.	2120	5-		
TLAN WITTSTEIN GOON WOLFE ST. TOWER 110 BALT, MO. 21205 31. DATE FILED (Month, Day, Year) ST. REGISTRAR'S SIGNATURE FFR 1 1 1992 Junio Davidson Grandelle												

TO THE FUNCEAL CHECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

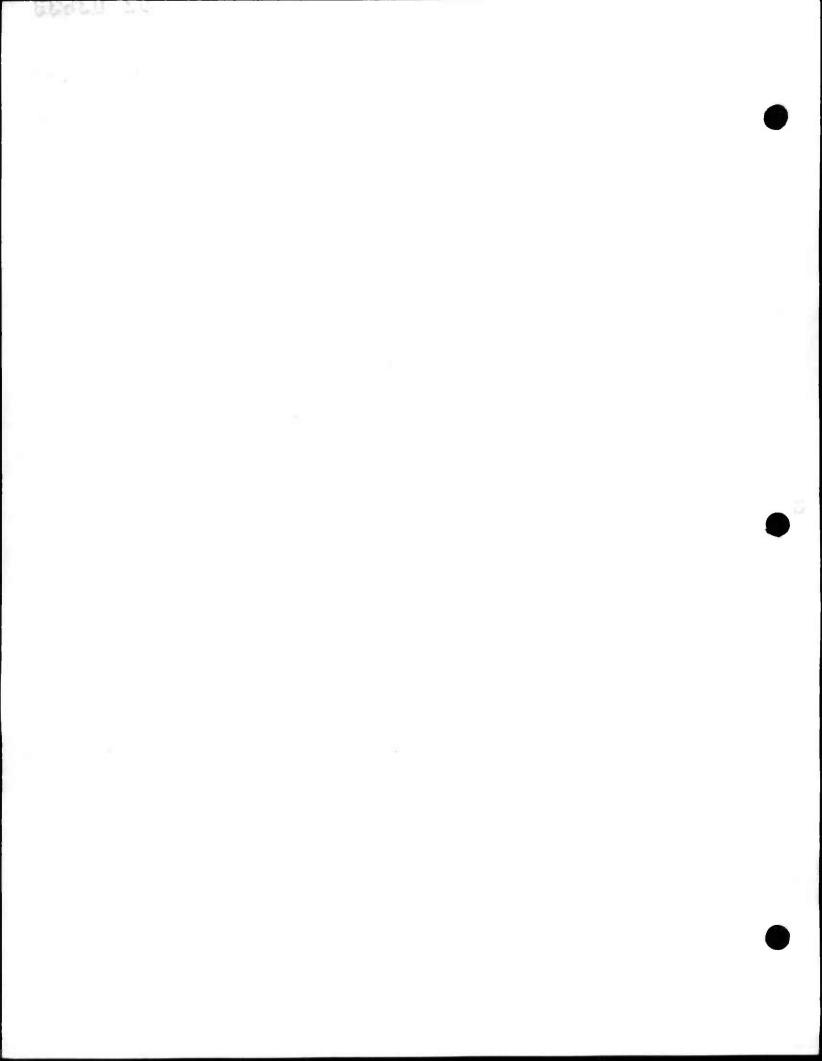
IMPORTANT: If them 28 is marked, or tem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

LECENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 urs after death. Page 6 may be retained by the hospital or attending physician."

CCE

DHMH-16 Rev 1/89



an. Tansit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 2

5

31. DATE FILED (Month, Day, X

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	500										9	2	03634
	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAI	RTMEN	T OF H	DEAT	AND I					
	1. DECEDENT'S NAME (First, Middle, La	ot)					DEAL		2. DATE OF	EG. NO.			3. TIME OF DEATH
	Dorothy D. Jo	nes A.K	.A. Dor	othy	A. J	ones			MONTH	DAY PQ	9	YEAR 2	8:27 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE OF I	METH	T	S. BIRTHE	LACE (State or Foreign
	118-10-4539-A	1 🗆 M 2 📈	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.2	3, 19	19	Country	w York
~	9e. FACILITY NAME (If not institution, give					R LOCATIO	N OF DE	ATH		-	NTY OF DE		
5	Commence of the control of the contr	Memorial Hospital Baltimore City											_
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			10c CI	V TOWN	OR LOCAT	1ON						
DIR.	Maryland	Baltimor	e	100000		ltim							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						ZIP CODE				0- OITI		1 YES 2 THO
FUNERAL	32 Robin Ridge	Court				101	2123						
S	11. MARITAL STATUS	T EVER IN U.S. A	RMED	13	WAS DEC			IIC ORIGIN? (S		U.	S. A		
F	1 Never Merried 2 Merried	MAR OR DATES	MO		If yes, sp	ecify Cuber	, Mexicer	n, Puerto Ricai	, etc.)	No-		- American Indian, White, atc.	
BY	3 Widowed 4 Divorced		ALL ON DAILS			1 153	ZAMO	Specify	7			Specify	White
	15. DECEDENT'S E (Specify only highest gri	16e. D	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b, KIN	D OF BUSING	ESS/IND	USTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of le. Do NOT u	se retired.)	during mos	st or working	,					
MP	NA NA	NA	Director of Film Control								Stat	tion	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First									, Maiden Sun	neme)		
B	James Donovan Catherine Grogan												
5	19. INFORMANT'S NAME (Type/Print)								loute Number, C				
	Deborah J. Pive	c (Dghtr)	3	32 Ro	bin :	Ridge	e Cou	ırt,	Balti	more,	Md.	212	34
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re	moval from State	20b. PLACE	AND DATE	OF DISPOS	SITION /Na	me of		DATE	20c. LOCAT	ION —	City or Tow	n, State
	4 Donellon 6 Other (Specify)		Most	Holy	REd	eeme	r Cem	etei	ry	Balt	imo	ore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		//			D ADDRES		eral H	0700	T		
	Cugene	Vi Ca	ilm	5 1/									21213
	23. PART I. Enter the disesses, a	complications the	t caused the d	esth Do	not sntsi	r ths mo	ds of dylr	ng, auch	aa cardiac	or respiret	orv arr	est.	Approximate
	IMMEDIATE CAUSE (Final										Interval Between		
	disease or condition resulting in death)	E HYPOXEMIA									Oriest and Dead		
	readiting in dealth)	B. SEVERE HYPOXEMIA. DUE TO (OR AS A CONSEQUENCE OF):										-	
z	Sequentially, let any dalon B. PNEU MONIA												
원	of the continuous of the conti												
2	CAUSE (DISEASE OF INJURY C CHRONIC OBSTRUCTIVE RULMONARY DISEASE												
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
5	d.												
- 1	PART II. Other significant conditi	ons contributing to	desth but not	rssulting	In the ur	ndsrlving	cause of	van in F	Part I. 24e	WAS AN AUT	mpev	245 5	YERE AUTOPSY FINDINGS
2	HISTORY O		CARDI							PERFORME	D?		WAILABLE PRIOR TO COMPLETION OF CAUSE
	-11			110			11101		_ 10	YES 2 🕒	NO	9	OF DEATH?
Σ.									-			1	YES 2 1 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DE	AT11 (O)					
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	EB/Output		OTHER	R:			ck only one)				
Ä	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	1000	28c. INJU	****		28d. DESCRIE		DV 000		
	1 Natural 5 Pending	(Month, D	ay, Year)		URY	WOI		_ 1	200. DESCHIE	E HOW INJU	ну осс	URED	
BY	2 Accident Investigation 3 Suicide	26e. PLACE O	F INJURY — At he	ome, ferm, i	treel, fact				28f. LOCATIO	(Street and I	Mumbaa	D(O	
191	4 Homicide 8 Could not b	building,	elc. (Specify)			,			City or Tox	vn, Stele)	vumD0f	ur munti Hoi	re number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHY	CICIANI To 11	1.00.00	77								-	
M	(Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of	my knowledge, de	low etc.	d at the t	ime, date	end place, o	end due t	to the cause(s)	end manner	oo state	rd.	
	2 MEDICAL EXAMI			ve=agatio	ii, in my o	pinion, de				place, end du	e to the	cause(s)	end menner es atated.
BE	296. SIGNATURE AND TITLE OF CERTIFI	77		4			29c. LICEN	ISE NUME	BER	29	d. DATE	SIGNED (A	fonth, Day, Year)

Julia Tavidson Bandoll 1992

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MENATOVSKI

UNIV. PKWAY

DHMH-16 Rev 1/89

BALT. MD 21218

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ling physician.	the burial-transit permit. Pages 1, 2, 3		
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or after	*FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		ar must be notified at once.
e be executed within 24mours after death. P	sician and completely filled in by the funeral	prior to burial, cremation, or removal.	IT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4N: The law requires that the death certifical	ificate has been signed by the attending phy	in 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	r item 23 shows any injury, or other
SPITAL OR ATTENDING PHYSICIA	FRAL DIRECTOR: After this certif	in 72 hours after death with the	IT: If Item 28 is marked, or

92 03635 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 3. TIME OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH Willie Spencer Jones Willie 9:10 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH intry) (Month, Day, Year) HOURS DAYS 215-07-1778 MONTHS 1 M 2 F YRS. Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Cromwell Nursing Baltimore DIRECTOR Meridian Home Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 NO Maryland FUNERAL 10e. STREET AND NUMBER 101. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 21223 2627 Wilkens Ave U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuban, Mexican, Puarto Rican, atc.)
 \(\subseteq \text{YE} \) NO \(Specify: \) 11. MARITAL STATUS 14. RACE — American Indian, Black, While, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementery/Secondary (0-12) College (1-4 or 5+) 7 Yrs. Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Frances James BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2300 Covered Bridge Garth, Balto., Md. 21234 Joseph M. Ayres 20a, METHOD OF DISPOSITION

1. Buriel 2 Gremetion 3 Bemoval from State
4 Doneilon 5 N Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Loudon Pk. Cem. Mausoleum 2-12-92 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather 22. NAME AND ADDRESS OF FACILITY Roy 4 Oction | Leonard J. Ruck, Inc., 5305 Harford Rd.,
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition reval facture DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO Atherosclerais Cevelval COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 Shursing Home 5 Residence 8 Other (Specify) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 26a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 27. MANNER OF DEATH 26c. INJURY AT WORK? 26d, DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner se stated.

2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occursed at the time, date end place, end due to the ceuse(s) and menner as stated.

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29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

Morranc - Kuraleuskie M)>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Marion C. Kowalewski, M.D., 8604 Harford Rd., Balto., Md. 21234

32. MEGETRANS SIGNATURE Pandell 31. DATE FILE (MOB), DET. YOU' 1992

2-10-92

	Is arrel dearn. Page & may be retained by the hosp	removal.	edical examiner must be notified at once.	
TO THE LINEDITAL OF ATTENDANC DUVOLCIAN. The few considers that the deast continue to	THE FINEMAL DIRECTOR After this certificate has been stimed by the attention of because when the hospital properties of the hospital properties of the prope	be filed within 72 hours after death with the State Dept. of Health and Mentall Hygher portion to burish, commission, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,	

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEOENT'S NAME (First, Middle, Last)	Kens	L Bat				2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH	
			yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7 047	E OF BIRTH		2	430 a M PLACE (State or Foreign	
		1 □ M 2 □XF	85 YRS.	MONTHS	DAYS	HOURS MIN.	02	26-06		Germany		
00	9e. FACILITY NAME (If not institution, give street					OR LOCATION OF E	DEATH		9c. COUNT			
DIRECTOR	Baltimore County (General Hosp	ital	R	anda	llstown			Balt	imo	re County	
H	10e. STATE 10b. COUNTY	OR LOCAT	TION					10d. INSIDE CITY				
	Maryland Carro	ll County		Syke							LIMITS? 1 YES 2 NO	
FUNERAL	6408 Oakland Mills	Pood		101	. ZIP CODE 21784		10g. CITIZE		HAT COUNTRY?			
S		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED						N? (Specify Yea	- No. 1		.S.A.	
BY F	1 Never Merried 2 Married	FORCES? 1 YES	2 X NO		il yes, sp	city Cuben, Maxic	an, Puerto	Ricen, etc.)	or No.	Bleck	— American Indian, White, etc.	
	3 Wildowed 4 Divorced					100	.,.			эресп	White	
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade cor	mpleted)	(Give kind of a life. Do NOT us	work done	during mo	ON st of working	16	b. KIND OF BUS	SINESS/INOU	STRY		
P	Elementary/Secondery (0-12)	College (1-4 or 5+)		emak	er				D	OMO	stic	
O.	17. FATHER'S NAME (First, Middle, Last)		HOM	Callant	CT	18. MOTHER'S NA	ME (Flori	Adielello Adielelo		ones	SLIC	
BE C		Lang				ID. MOTHER S NA		known	Surneme)			
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS	SS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
F	Mr. Harry M. Kemst	tedt								e, MD 21784		
	20e. METHOD OF DISPOSITION t XBurlal 2 Cremellon 3 Ramova	1 from State 20b.P	LACE AND DATE	OF DISPOS	ITION /Na	me of	OAT	TE 20c. LO	CATION — CI	*		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Donation 5 Dother (Specify) Lake View Memorial Park 2/1 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A Haight Funeral Home (P.O. Box 195) Stylesgyille MD 21794 (410) 705 1400												
									195)			
		11-		- 5	Syke	sville,	MD 2	1784	(410).	-799	5-1400	
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mods of dying, such as cardiac or reapiratory errest, shock, or hart fellure. List only one cause on each lins. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditione condit	n the un				24e. WAS AN PERFORI t YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER		ACE OF DEATH (Ch	eck only o	ne)	- ¥			
ΗXS		Inpetient 2 ER/Outpeti		4 🗆 Nurs	Ing Home	5 🗆 Residence	6 🗆 Othe	r (Specify)				
	1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJ		26c. INJU	IRY AT RK? ES 2 NO	26d. DE	SCRIBE HOW IN	JURY OCCUI	Car		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —	Al home, ferm, s	treel, fecto		2 1 10	28I, LOC	ATION (Street e	nd Number or	Burn/ Bo	sute Number	
1	4 Homicide determined	building, etc. (Specify)	,				City	or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DESCRIPTION OF CONTROL OF CONTRO	: To the best of my knowled on the basis of examination e	ge, desth occurre	d st the ti	ne, date d	end place, end due oth occured at the	to the car	use(s) end manu	ner as stated.	euse(s)	end mannar as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	2				29c. LICENSE NUI					Month, Day, Year)	
10	Colwellt	and	W-P			0388	82		•	13	0/92	
	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OBATH	H (ITEM 27) (Type,		Bo	anount fu	(cm	nty	Genor	0 1	Position	
	31. DATE FILED (Month, Day, Year) JAN 30 '92	182, REGISTRAR'S SIGNATURA DAVIDSON-A	-				- Control of the Cont					

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-	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, A	Aldella I and		С	ERTIF	ICATI	E OF	DEAT	ГН		REG. NO.	E		
- 50	Catherine M		Kircher							2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
Ž,	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	at historias	IF UNDER	A VEAR	IF UNDEF		02-06-1992			La pierie	8:00 A. M
	215-07-8992		1 🗆 M 2 😡 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	ny, Year)	_	Country)
		(If not institution, give street and number)				Oh CITY	TOWAL	D 1 0047	011 05 05		4-191		Mary.	
Œ	10 Rhodes P		aron and number											
DIRECTOR	RESIDENCE OF DECE					ТШ	oni	ım				Bal	timo:	re County
E E		10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION					T	10d. INSIDE CITY
ā	Maryland	Balti	imore Cou	nty	Tin	oniu	m							LIMITS?
A	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	TIZEN OF W	HAT COUNTRY?
ER	10 Rhodes P	lace					1 2	21093	}			II.	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X M 3 Widowed 4 Divorce		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X			If yes, sp	ENDENT (ecify Cubi 2 X NO	ın, Mexica	NIC ORIGIN? (1 in, Puerto Rici y:	Specify Yes in, etc.)		14. BACE	— American Indian, White, etc. y:
COMPLETED	15. DECEI (Specify only I Elementary/Secondary (0-1		College (1-4 or 5 +		ECEDENT'S Give kind of te. Do NOT u	USUAL O work done se retired.)	CCUPATION OF THE COURT OF THE C	ON ost of worldi	ng	16b. KI	ND OF BUS	INESS/IN		
₫	8th Grade				me Ma	ker				Hor	no			
Ö	17. FATHER'S NAME (First, Mich	die, Last)		1.00				16. MOT	HER'S NA	ME (First, Mide		Surneme)		
BE C	Frederick H	eisch	1							Georg				
8	19s. INFORMANT'S NAME (Typ			1	9b. MAILING	ADDRES	S (Street e			Route Number,		, State, Zi	(p Code)	
2	Frank Marti	n Kir	cher	1						nium,				3
	20a. METHOD OF DISPOSITIO			20b.PLACE	ANDDATE	OF DISPOS	SITION (Na	me of		DATE			- City or Tov	
	1 № Buriel 2 □ Cremation 4 □ Donation 5 □ Other (S		loval from State	Park	wood	ther place!						ltimore, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc.										err y ranka			
	>Kath	111-	b h M	und		J	ohn	C. M	إلاالِو	er, Inc				ryland 2120
CERTIFICATION	immediate cause (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate	OUE TO	OR AS A CONSE	TI	n: -				farci 1.sea 5			TUS	Onset and Dseth
PHYSICIAN: MEDICAL CE	PART II. Other significant	reaulting	In the u				_ '	a. WAS AN PERFOR	MED?	1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
2	1 TYES 2 NO		1 Inpetient 2			4 🗆 Nu	sing Hom	_	esidence	8 Other (S				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Per 2 Accident In	ending vestigation	28a. DATE OF (Month, Da	y, Ybar)		JURY M	1 🗆 '	PRK? YES 2] NO	28d. DESCR	BE HOW IF	JURY OC	CURED	
		ould not be stermined	28e. PLACE Of building,	ome, lerm,	street, fac	tory, offic	•		281. LOCATION OF T	ON (Street a own, State)	nd Numbe	or or Rural Ro	oute Number,	
COMPLETED			ICIAN: To the best of ER: On the bests of ax											and manner as stated,
TO BE	296. SIGNATURE AND TITLE O	hu	21 0	w		س	0	29c. LIC	D S	MBER 2079	5	29d. DA	Z -	(Month, Day, Year) 7-92
	Dr. John Lav	vin,	6212 York	Road,	Balt	imor	e, M	aryla	and :	21212				
	31. DATE FILED (Month, Day, Ye	EB 1	1 1992	S SENATURE	widson	-Asno	الماله							

DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TIME OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 That it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HORSING OF ATENDING PHYSICIAN The law remains that the contract that the cont

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HAMPETAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be re	幣
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	1. DECEDENT'S NAME (First, Middle, Last)——————————————————————————————————————	CERTIFIC		2	REG. NO.		3. 1	TIME OF DEATH				
	Ethel	I.		KOERNER	3	ebruary	⁹ , 19	52ª	9:35				
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)			CE (State or Foreig				
	216-12-9698	1 □ M 25ExF 7		DAYS DAYS	HOURE MIN.	5-21-19	920 N	[arv]					
œ	Sa. FACILITY NAME (If not institution, give				R LOCATION OF DEAT	Н	Balt:	MOYA	County				
DT:	Franklin Squa	are Hospita	L	Balti	imore		Daic	mor c	country				
DIRECTOR	10a. STATE 10b. COUN	ТУ	10c. CITY, 1	TOWN OR LOCATI	ION			10d	INSIDE CITY				
		Baltimore	Ba1	timore	9			1 [YES 2 NO				
FUNERAL	10a. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?				
NE	8002 Caradoc				21237			5.A.					
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPANIC pelfy Cuban, Mexican, I		ea or No— 1	4. RACE — / Black, Wi	American Indian, ilta, atc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES	2 NO Specify:			Specify:	Whit				
CE.	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S US	UAL OCCUPATION	N et al working	16b. KIND OF B	USINESS/INDU	STRY					
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during mos etired.)	it of working								
COMPLETED	8th		Homema	ker		HOr							
_	17. FATHER'S NAME (First, Middle, Last) John Lacher				18. MOTHER'S NAME								
BE	19e. INFORMANT'S NAME (Type/Print)		40h MAH ING 12	DDEED OF T	Charlot Ond Number or Flural Flow								
2	Mr. Andrew G.	Koerner			od Number or Rural Rou DC Dr. B				7				
	20a. METHOD OF DISPOSITION	206	PLACEANDDATEOF				OCATION — CH						
	XGXBuriel 2 ☐ Cremetion 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	moval from Stata com	etery, crematory or other	place)	h Cem				J				
	21 SIGNATURE OF FUNERAL SERVICE L	ICENSEE	troens o	22. NAME AN	D ADDRESS OF FACIL	ITY .							
	John of	Allen			Ltey Mil								
	23. PART I. Enter the diseases, or	complications that caused	the death Do not	7527	Harro	rd rd.	Balto) . , N	Approximat				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on a	carly	IN	Justa	> ' '			Interval Bat Onset and I				
_ [DUE TO (OR AS A CONSEQUENCE OF).												
RTIFICATION	Sequentially list conditions, If any, laading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
፮	cause. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initiated events DUE TO (OR AS A COMSEQUENCE OF): resulting in death) LAST												
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CALC	PART II. Other algnificant condition	ona contributing to deeth be	ut not resulting in	the underlying	cause given in Pa	rt I. 24s. WAS A	N AUTOPSY		RE AUTOPSY FIND				
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MEDI							I E NO		DEATH?				
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SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	only one)							
YSI	1 WES 2 DANO	1 Inpatiant 2 PER/Outp		THER: Nursing Home	5 - Residence 8	Other (Specify)							
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME C			d. DESCRIBE HOW	INJURY OCCU	RED					
BY	2 Accident Investigation	2000			ES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	26s. PUACE OF INJURY building, etc. (Spec	— At home, larm, atre ify)	el, factory, offica	20	II. LOCATION (Street City or Town, State	t and Number or e)	Rural Route	Number,				
8													
ETED	20a CERTIFIER			of the time date t	and place, and dua to								
ETED			298. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.										
ETED	(Check only CERTIFYING PHY					e, data and placa, a	end due to the	cause(a) and	menner aa stat				
COMPLETED	(Check only CERTIFYING PHY	IER: On the basis of examination							th, Day, Year)				
BE COMPLETED	(Check only 1 GENTIFYING PHYON) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or Investigation,	in my opinion, de	eath occured at the tim								
COMPLETED	(Check only 1 GENTIFYING PHYON) 2 MEDICAL EXAMIN	ER: On the basis of examination ER THE TO STATE OF DEALER OF DEA	and/or Investigation, in and/or Investigation in and/or	in my opinion, de	29c. LICENSE NUMBE	12							
BE COMPLETED	(Check only 1 GENTIFYING PHYON) 2 MEDICAL EXAMIN	ER: On the basis of examination	ATH (ITEM 27) (Type, Pr	in my opinion, de	29c. LICENSE NUMBE	12							

permit. Pages 1, 2, 3 should

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funeral director,

n and completely filled in by the to burial, cremation, or removal.

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31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	7	디본
	TA	A K
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
	-	一道

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Bernice F. Kadesuk 2. DATE OF DEATH 3. TIME OF DEATH YEAR KADESUK BEKNICE 6:32 AH 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS (Month, Day, Year) 4/26/1918 213 05 4609 1 M 2 TF 73 Maryland 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3847 Brooklyn Avenue 21225 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried BY Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Home Maker 17. FATHER'S NAME (First, Africks, Laur) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ Andrew Kroupa Cecelia BE notified 19s. INFORMANT'S NAME (Sperfyint) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Alex Kadesuk 3847 Brooklyn Avenue Baltimore, Maryland 21225 2 26s. METHOD OF DISPOSITION
1 State 2 Commention 3 Permoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Holy Trinity Russ. Orth. Cem. Donation 5 Other (Specify) Baltimore, Maryland 2-8 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. wamerowsk 4001 Ritchie Hwy. Baltimore, Md. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heert failule. List only one cause on each line. ntervel Between IMMEDIATE CAUSE (Final Onaet and Death the disease or condition ACUTE MYOCANDIAZ INFANCTION event, reculting in death) DUE TO (OR AS A CONSEQUENCE OF): ARMITIMIA VENMICULAN traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAMPIAC STIO CK CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST 0 Injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any 14 sulum COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO certificate has been the State Dept. of the Nate 23 sl 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1. Natural M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 60 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 Ш Hem 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) end menner as steted. COMPL = 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. IMPORTANT: 296 SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) HOUSE OFFICEN 2-6-92 A5244161455 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDRES TANGUILI 6 3001 HANOVER BALTO MO 21230 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Turs after death. Page 6 may be retained by the hospite	Inted in by the funeral director, page 5 should be detached a on removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely inted in by the funeral director, page 5 should be detached in the first many with the State Derd: of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific to find within 72 hours after death with the Si	IMPORTANT: If Item 28 is marked, or I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF N			RTMENT				MENTA	L HYGIEN			92 036
1. DECEDENT'S NAME (First, Middle, Last) Ethel	Ethel 1	E. Kohl	ahl					2. DATE MONT	OF DEATH	y Y	YEAR 92	3. TIME OF DEATH 8:15AN M
4. SOCIAL SECURITY NUMBER 217-12-6651	5. SEX	8. AGE (In yrs. II	nst birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. Sept. 3, 1			OF BIRTH	921	8. BIRTHPLACE (State or Foreign Country) Maryland			
9a. FACILITY NAME (If not institution, give e		,,,		9b. CITY,	TOWN C	OR LOCATION	N OF DE			9c. COUN		
Jenkins Memoria	l Nursin	g Home		E	a1t	imore	2			-		
residence of decedent 100. STATE Maryland					r, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1XX YES 2 \(\text{NO} \)	
100. STREET AND NUMBER					101	ZIP CODE	15					VHAT COUNTRY?
						E — American Indien, k, White, etc.						
15. DECEDENT'S EDU- (Specify only highest grade	CATION			USUAL OC				168	. KIND OF BU	JSINESS/IND	USTRY	***************************************
Elementary/Secondary (0-12) NA	College (1-4 or 5-NA	+) #h	Homem	ise retired.)	итд то	st or working			Own	n Home	2	+
17. FATHER'S NAME (First, Middle, Last)									Middle, Maldei	Surname)		
George C. Harman 196. INFORMANT'S NAME (Type/Print)		1.	ION MAIL IN	ANNBESS	/Stract s			Jac	ODS	um Chata Zin	Codel	
Deirdra A. Herre	ra (Dght:								ore, I	,		
201 METHOD OF OISPOSITION 1 (X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACI	E OF DISPO	ing H	ne of cer	netery, crema	itory or			OCATION -	City or To	wn, State Maryland
21. SIGNATURE OF FUNERAL SERVICE U	ensee La	itsi	5/	Sc	him		Fun	era1	Home:			1213
disesse or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	bDUE TO	(OR AS A CONSI	EOUENCE C	DF):	si	we c	de	mo	nta	-de	20g	him 4 my
	d											<u> </u>
PART II. Other significant condition	s contributing to	deeth but not	t reaulting	In the und	deriyin	g ceuse gi	iven in	Part i.	24a. WAS A PERFO	RMED?	241	NERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHEO	_	LACE OF DE	ATH (Ch	eck only o	ne)			
1 TYES 2 NO	1 Inpatient 2		1		Ing Hon	ne 5 🗆 Res	ildence	_				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY 280. INJURY AT WORK? 1 YES 2 NO 280. OEŞCRIBE HOW INJURY OCCURED												
3 Suicide a Could not be datermined	28e. PLACE (building,	OF INJURY At I atc. (Specify)	home, farm,	street, facto	ery, offic	:0			CATION (Street or Town, State		or Rural	Route Number,
29a OERTIFIER 1 CERTIFYING PHYS One) 2 MEDICAL EXAMINE												e) end manner ee atated.
29 SIGNATURE AND TITLE OF CERTH	00	2000	M	0		29c. LICE	NSE NUI	MBER 7 8	6	29d. DAT	E SIGNED	(Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WITH	COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Typ	e, Print) ME	7 6	70	61	LK	Be.	Ofo	Z	1229 MD
31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	David	son pa	ndale	L ,				ر ص		

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF	DEATH	REG	i. NO.		
1. DECEDENT'S NAME (First, Mi	iddle, Last)						2. DATE OF DEA	ATH		3. TIME OF DEATH
Charles		J.		Ker	n		2 DAY -8		92	2:45 Am
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	1	7. DATE OF BIRT	TH.	8. BIRTI	HPLACE (State or Foreign
217-20-888.		1 M 2 F	65	YRS.	MONTHS DAYS		10-17-			aryland
210 S. Bou	ıldir				Balto	OR LOCATION OF D	EATH	9c. CO	OUNTY OF C	DEATH
RESIDENCE OF DECE	DENT									
Maryland	Ja. COUNT	, 	_		y, town or Loc lltimor					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				Ба		IOT. ZIP CODE		14.0	7.751.05	1X YES 2 NO
210 S. Bou	ldin					21224	1	Tog. G		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Me		12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13. WAS DE	ECENDENT OF HISPA specify Cuban, Mexic	NIC ORIGIN? (Speci	Hy Yee or No-	14. RAC	E — American Indian, ck, White, etc.
3 Widowed 4 Divorce		IF YES, GIVE WA			1 🗆 YE	S 2 NO Specif	fy	la. j	Spec	White'
15. DECED (Specify only hi	ENT'S EDU	CATION completed)	18e.	OECEDENT'S	USUAL OCCUPAT	TION most of working	166, KIND C	OF BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12 12 th		College (1-4 or 5+)		life. Do NOT us	se retired.)			~ ~		
		4 year	's	Q.A.	Engine			S.I.		
17. FATHER'S NAME (First, Middle Anthony	J.	Ker	n			Marie	AME (First, Middle, M Gre	dalden Sumame) eensfe	elde	r
19e. INFORMANT'S NAME (Type						t and Number or Rural				
Mrs. Louis			Lance Service			ıldin St				
20e METHOD OF DISPOSITION 1 Burlet 2 Cremetion 4 Donetion 5 Other (Sp	oecrfy)		cemetery, Sac	ceand date of the control of the con	of Disposition (Jesus C	em 2-1	1-92	- City or To Balt	own, Stata O. Md.
21. SIGNATURE OF FIGHERAL S	LO F	Roup	u de		Jose	and address of Freph N. Z	annino	Jr. J	Fune	ral Home Md.21224
23. PART I. Enter the dise	ases or	comp Icationa that	caused the	death. Do r						Approximata
shock, or heter	rt-tallure.	List only one caus	e on each i	iina.						interval Between Onset and Death
disease or condition		1	8,0	in t	E. 5	- 1				Unsat and Death
reaulting in damin)	reaulting in death) a. DUE TO (ON AS A CONSEQUENCE OF):									
	metastati Roma Carrinama									
Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
cause. Enter UNDERLYING CAUSE (Disease or Injury										
that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
d										
PART ii. Other algnificant	condition	a contributing to	death but no	ot resulting i	in the underlyl	ng cauae given in	Part I, 24e, W	AS AN AUTOPS	Y 241	b. WERE AUTOPSY FINDINGS
ANTE	us:	sclerotie	Con	lien	annil	hi Ques	M) PE	ERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
Cal	mu	tertu	0 84	Do Di	DI	M. Doin	未	ES Z I NO		OF DEATH?
				center	Core	Della	.V_			1 155 2 110
25. WAS CASE REFERRED TO M	MEDICAL				26.	PLACE OF DEATH (C)	heck only one)			
1 VES 2 LING		HOSPITAL: 1 Inpatient 2	ER/Outpetlan	t 3 🗆 DOA	OTHER:	me 5 - Residence	6 Other (Specif	ivi		
27. MANNER OF DEATH		26e. DATE OF I (Month, Da)		26b. TIMI	E OF 28c. IN	NJURY AT YORK?	28d. DESCRIBE I		CCURED	
1 4-Netural 5 Per	nding estigation	,	, 1001/		4.0	YES 2 NO				
3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)										
4 Homicide determined City or Town, Stete)										
	ING PHYSI	ICIAN: To the best of n	ny knowledge	, death occurre	ed at the time, da	ta end place, end du	a to the ceuse(a) an	nd menner as st	teted.	
										e) end menner as atated.
29b, SIGNATURE AND TITLE OF	CERTIFIE	R 4 / 4	~			29c. LICENSE NU	MBER	29d. D/	ATE SIONE	D (Month, Day, Year)
Milou	eur	1 del	Luc	mn	ul	100	7930)	2-	9-92
30. NAME AND ADDRESS OF PI	ERSON WH	O COMPLETED CAUSE	E OF DEATH (TEM 27) (1700	Print)	1/1	0 5	2/20	2	/ /
31. DATE FILED (Month, Day, Yea	-au	32. REGISTRAR	SEIGNATUR	1 /ax	runo	ce , pu	a. x	120	<u> </u>	
FE	B1:	1992	Julia De	widson-7	fandace.					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within series after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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A LENDING FILLSHOM. THE TAW EQUINGS THAT WE COME CONTINUED WITHIN 24 HOURS AIM DESIN, TAYE O HILD DE TELBINGO BY THE	IMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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47	ly fille	quirs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		CENTIF	ICATE	T DEAL	п	REG. NO.			
		ILIP	KONDILAS SR.				2. DATE OF DEATH DAY YEAR 0.2 0.5 1992 5:49			
	229-58-9558	29-58-9558 1\$\$\$\\\ 2 □ F 45			ANS HOURS MIN. 7. DATE OF BIRTH (Month, Day, 1980) 5-25-1946			6 MA	8. BIRTNPLACE (State or Foreign MARY LAND	
~	9a. FACILITY NAME (If not institution, give atre-			N OR LOCATIO	ON OF DEA	ITN	9c. COUNTY OF	DEATN		
DIRECTOR	FRANCIS SCOTT K	EY MEDICAL	CENTE	NTER BALTIMORE CITY						
<u>a</u>	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION				tod. INSIDE CITY	
	MARYLAND BA		DUNDALK					1 YES 2 NO		
FUNERAL	449 OAKWOOD ROAD					2122	2	S.A.		
B	11. MARITAL STATUS t Never Merried 2 Married 3 Widowed 4 Divorced	S. ARMED 2 NO	IED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No 14. RACE 15 yea, specify Cuban, Mexican, Puerto Rican, atc) 1 YES 2 NO Specify: Specify:					CE — American Indian, ek, White, atc. Celly: WHITE		
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 10	Give kind of v	USUAL OCCUP	ATION most of working	2	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLETED	11 YEARS N	College (t-4 or 5 +)	me. Do NOT us	e retired.) .ECTRIC			uı	NION		
BE CO	17. FATNER'S NAME (First, Middle, Lest) PHILIP MICHAEL KON	IDILAS			18. MOTN		E (First, Middle, Meiden : H LUCRETTE		Ly	
10	194. INFORMANT'S NAME (Type/Print) DIANE C. KONDILAS		19b. MAILING 449 C	ADDRESS (SIN	ROAD		ute Number, City or Town LTIMORE, M		21222	
	20s. METNOD OF DISPOSITION 1/\(\tilde{\lambda}\) Burlef 2 \(\tilde{\to}\) Cremation 3 \(\tilde{\to}\) Remove 4 \(\tilde{\to}\) Donation 5 \(\tilde{\to}\) Other (Specify)	SAC	RED ^{ai} HEA			CEM.		TIMORE,	Town, State MARYLAND	
	21. SIGNATURE OF PUNERAL SERVICE LICE	tish		79	22 WIS	E AVI	ERAL HOME ENUE DUNT	ALK MD	ALK INC. 21222	
	23. PART I. Enter the disease, or corshock, or heert fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	mplications that caused that only one cause on each	re f	Meno	,		Cardiological		Approximate Interval Between Onsat and Dasth	
CERTIFICATION	Sequentisity list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.									
ERTIFI	that initiated evanta resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	7:						
MEDICAL C	PART II. Other algolificent conditions	contributing to death but	not resulting i	n the underl	ring ceuse gi	Iven In Pa	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE	
							1 🗆 YES 2	NO	OF DEATH?	
¥	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DE	ATH (Charle			, ,	
PHYSICIAN: N	EXAMINER?	OSPITAL: Inpetient 2 XER/Outpetie	of 3 DOA	OTHER:						
主	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME	OF 28c.	INJURY AT		Other (Specify)	LILIRY OCCURED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	44	WORK? YES 2			SOM GOOGILE		
2 Published 200 DI ACE OF IN HIGH						Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 1 MEDICAL EXAMINER:	AN: To the best of my knowledge On the bests of examination ar	ge, death occurre	d at the time, o	ate and place,	end due to	the cause(s) and man	ner as stated,		
	206. SIGNATURE AND TITLE OF CERTIFIER			i, iii iiiy opiilloi						
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	FEB 1 0 1992	32. REGISTRAR'S SIGNATURAL PORTO	ndell							

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9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Social Security

21211

Approximata

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

interval Retween

Onset and Death

Parkville, MD

14. RACE — American Indian, Black, White, etc.

specify: White

U.S.A

REG. NO

02/08/92

2. DATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020	Acceptant Dance & many by the state of the s
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

A-Mr.

FFB 1 1 1992

31. DATE FILED (Month, Day, Year)

BOX 68760, P.O. 1 DIVISION OF VITAL RECORDS,

4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 215-22-8492 XXXM 2 D F YRS. 07/09/28 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1413 West 37th Street Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD Baltimore City Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1413 West 37th Street for use as the burial-transit 21211 ding physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? A YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES XXNO Specify: 1 Never Married 2 Darried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9th the funeral director, page 5 should be detached Building Manager 17. FATHER'S NAME (First, Middle, Leal) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 16 Henry Klapp Frances Emma Eberlein notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Doris Klapp 1413 West 37th Street Balto, MD Pe 20a, METHOD OF DISPOSITION
1X Aburlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must cemetery, cremetory or other place) Moreland Memorial 4 Donation 5 Other (Specify) 21. SIGNATURE OF PURERAL SERVICE EXCENSES examiner 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Rd. Baltimore, MD medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, n and completely filled in by to burial, cremation, or remo shock, or haert feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) the disease or condition colon & Brain Bon - Live state event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) requires that the death certificate be executed traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, iseding to immediate the attending physician Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, PART ii. Other significent conditions contributing to death but not reculting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY signed by the any 1 TYES 2 T NO has been signe Dept. of Health n 23 shows a OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate to the State I, or Item HOSPITAL: OTHER: 1 YES 2 40 1 | Inpetient 2 | ER/Outpetient 3 | DOA | 4 | Nursing Home 5 | Seettlence 6 | Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, with 1 1- Natural 5 Pending M 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of item 28 is 20 COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. MPORTANT: IF 元だ 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 1)10091 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ler

32. REGISTRAR'S SIGNATURE

Henry Walter Klapp,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Sr.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Balto, MD

Baltimore City

10d. INSIDE CITY

XX YES 2 NO

3:45a

25.7

detached for use as the burial-transit permit. Pages 1, 2, 3 should

once.

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	THE PAREAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the first of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Harry Henry Lewis 2-06-92 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) S. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 73 YRS. 1 X M 2 | F 223-28-9425 11-03 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Samartian Hospital DIRECTOR Baltimore, RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. 1 XYES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10/ ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5220 21212 York Road U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or No-II yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 X Naver Married 2 Married Specify: Black BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Legun & Legun Constructio 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE James Lewis Clara Bell Lewis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Florence Cecil Ave./Baltimore, Md. 21218 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Ramoval Irom State
4 Donetion 5 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Mt. Vernon Cemetery Whitestone, Va. 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY a u Wm.C. March F/H 1101 E. North Ave. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition 34125. LUNG CANCER reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 DATO 1 Inpatient 2 DevOutpatient 3 I DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — Al home, larm, street, factory, office building, etc. (Specify)

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) Scott Carnivele MP 2/8/92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 LOCH RAVEN BULB SCOTT CHENUACE MO

32. REGISTRAR'S SIGNATURE
STUMB DAMAGON - MONDER

8 Could not be datarmined

DHMH-16 Rev 1/89

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281. LOCATION (Street and Number or Rural Route Number City or Town, State)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FIGSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -

	HEGISTIAN			- CI	ENTIF	ICAIR	UP	DEA	I H	R	EG. NO.				
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	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I				PLACE (State or Fo	
	212-01-25	0.2	363×M 2 □ F	7.4	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De			Countr	y)	a orgii
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Œ									12000	EATH		9c. COU	NTY OF D	EATH	
2	413 N. Luz	zerne	Avenu	е		В	alt	imor	e						
EC	10a. STATE	10b. COUNTY			10c CIT	Y, TOWN O	D L OCAT	1011							
DIRECTOR	Md.													10d, INSIDE CITY LIMITS?	'
	10e. STREET AND NUMBER				В	alt:								1 X YES 2 [NO
¥							101	ZIP CODI				10g. CITI	ZEN OF W	HAT COUNTRY?	
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ا ج	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1	MAS DEC	ENDENT O	F HISPAN	NC ORIGIN? (S	pecify Yas	or No-	14. RACE	- American India	en.
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S	17. FATHER'S NAME (First, Mic	ricile (ast)		F	cke	<u> </u>							ay (Co.	
								18. MOTE	HER'S NA	ME (First, Middle	e, Maiden S	Sumame)			
BE	George L		1			_				Profa					
2	19a. INFORMANT'S NAME (7)			190	. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, C	ilty or Town,	State, Zip	Code)		-
	Mrs. Phyli	ss Co	onway	4	113	N. I	uze	rne	Av	e. Ba	1to.	. M	d. '	21224	
	20a. METHOD OF DISPOSITION 1 (5) Burlet 2 Cremettor		- 44 = 45	20b. PLACE A	NDDATE	F DISPOSI				DATE			City or To		
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	23. PART . Enter the dis	1	Liskum			1 7	1527	L L	rfo	F.G. Fa	Da	74-		14 010	234
CERTIFICATION	ehock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
5	CAUSE (Diseese or Injur		c												
Ē	thet initieted eventa reaulting in death) LAST	- 11	DOE 10	(OR AS A CONSEC	UENCE OF):								H	
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5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF DE	ATN (Che	eck only one)					
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PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME	OF	28c. INJL		T	28d. DESCRIE		IURY OCC	TIPED		
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		ould not be etermined	building,	atc. (Specify)	rea, restitt, s	ireet, Micto	ry, onica			28t. LOCATION City or Tox	N (Street an vn, State)	d Number	or Rural Au	oute Number,	- 1
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4	(Check only 1 CERTIF	FYING PHYSIC	CIAN: To the best of	my knowledge, das	th occurre	d at the tir	ne, deta	end place,	and dua	to the cause(s)	and mann	or as state	ed.		
8	one) 2 🔀 MEDIC	AL EXAMINER	R: On the besis of ax	samination and/or is	rvestigation	, In my op	olnion, de	ath occur	ed at the t	time, date and	placa, and	due to the	e ceuse(s)	and manner as at	atad.
	29b. SIGNATURE AND TITLE O				_		-								
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	30. NAME AND ADDRESS OF														
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 2 WILLIAM HAYS LONG, SR. 2:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtnday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 159-16-1969 1 XM 2 | F 11-20-1905 PENNSYLVANIA 86 YRS. 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHURCH HOSPITAL CORPORATION FUNERAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE . 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 TES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6802 BESSEMER AVENUE 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify, Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married XX Married IF YES, GIVE WAR OR DATES BΥ 3 Widowed 4 Divorced WHITE G 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr LET Elementary/Secondery (0-12) College (1-4 or 5+) COMPI 8 YEARS N/A BOARD OF ED. BALTO. CO. STATIONARY ENGINEER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HAYS LONG BERTHA FLEMMING **BE** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 JOSEPHINE M. LONG 6802 BESSEMER AVENUE BALTIMORE, MARYLAND 20s, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 | Burial 2 | Cremetion 3 | Removal from State
4 | Donation 5 | Xother (Specify) | ENTOMBMENT "OXK" L'AWN "C'EMETERY 2-6-92 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL PERFICE LICENSEE DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. FART 1. Enter the diseeses, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec Dr respiratory errest, Approximata ahock, or heart failure. List only one ceuse on each line. interval Batween IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Weeks CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 TYES 2 NO COMPLETION OF CAUSE 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNED (Month, Day, Year) Wor zemi >7 9

CHURCH

100 N. BROADWAY

HOSPITAL CORPORATION

BALTIMORE, MARYLAND

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Daydoon-Hande

ATAOLLAH NAZEMI, M.D.

FEB 1 0 1992

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COLUMN OF LEMBING PRINCIPLES AND INCIDENCE UNITED THE UNITED TO SECURE WITHIN 24	INNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, with re State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATHS YEAR JAMES EDWARD MILLNER 1992 Abo 4. SOCIAL SECURITY NUMBER S SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State Country) (Month, Day, Year) 1/15/1930 M2 F YRS 228-28-3079 VIRGINIA 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1503 POPLAR GROVE STREET BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CITY 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1503 POPLAR GROVE STREET 21216 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married BY 1 TYES 2 NO Specify. 3 Widowed 4 Divorced Specify: 1952-1954 NEGRO COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Give kind at work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DISABLITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY MILLNER 8 ADELL WILLIAMS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ALMA MILLNER 1503 POPLAR GROVE BALTO, MD. 21216 20s. METHOD OF DISPOSITION
1√3 Burial 2 X Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Toy Forestia, Cen rison 21. SHUNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME NORTH AVE. BALTO. 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Intervel Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significent conditione contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMER? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 VEB 2 OF DEATH? 1 VES 2 V NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 9. 26. PLACE OF DEATH (Check only pris) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 84 1 YES 2 NO 2 Accident
3 Suicide 26e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) COMPLETED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, 2505 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

1992

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to

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Coccess with a muli district used.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam
eath certificate be	ttending physician	, or other traus
requires that the de	en signed by the a	shows any Injury
HYSICIAN: The law i	his certificate has be with the State Dept.	ked, or item 23 s
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death	AL DIRECTOR: After to 2 hours after death v	If item 28 is mark
TO THE HOSPIT	TO THE FUNERA be filed within 7	IMPORTANT: I

30. NAME AND ADDRESS OF PEND.

SEONGE E. W.

31. DATE FILED (MOTH), Day, Year)

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JAN: The law requires that the death certilicate be executed within 2 mous after death. Page 6 may be retained by the high	rtificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac		or from 22 shows not lateral or other transmission and the median accommodate and the median
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MP.	as p	he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	00
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	FOR	STATE OF M	ARVI AND A	DEDAG	TMENT	OE UE	ALTU	AND I	MENTAL HYG		2	03648
	1 - STATE REGISTRAR	OINIE OI IN			ICATE				WEN IAL THE			
	1. DECEDENT'S NAME (First, Middle, Last)	M 77 - 1				-			2. DATE OF DEAT	H DAY	YEAL	3. TIME OF DEATH
	David A. 4. SOCIAL SECURITY NUMBER 5	McKech							teb	7	194	
		XXM 2 D F	8. AGE (In yrs. les	YRS.	IF UNDER 1		IF UNDER	24 HRS. MIN.	(Month, Day, Ye	nr)	Co	RTHPLACE (State or Foreign untry)
	574-20-2112 9e. FACILITY NAME (If not institution, give stree		43		9b. CITY	TOWN OR	LOCATI	ON OF DE	8-8-49		Ma COUNTY O	SS
e o	Union Memorial		L			ltim					.0011110	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10. 017	Y. TOWN OF	1001710						
SE SE	Maryland N/A				1time		M					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER						IP COO	E		10g.	CITIZEN O	F WHAT COUNTRY?
FUNERAL	823 E. Lake Avenue	е					212	12			USA	
5	11. MARITAL STATUS 12 1 Never Married	2. WAS DECEDENT FORCES? 1			13. W	AS DECEN	OENT O	F HISPAN	IIC ORIGIN? (Specif	y Yea or No-	- 14, R	ACE — American Indian, lack, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA			i i	YES &	XXIO	Specify	n, Puerto Rican, etc	.,	Sį	White
ED	15. DECEOENT'S EOUCAT (Specify only highest grade con	ION	16e. DE	CEDENT'S	USUAL OC	CUPATION			16b. KINO O	BUSINESS		
<u> </u>		College (1-4 or 5+)	ife (G		work done di se retired.)			rg				
COMPLETED		4		Civi	1 Eng	inee	er		U.S.	Gove	rnmer	nt
ပြ	17. FATHER'S NAME (First, Middle, Last) Alan B. McKechnie						18. MOTI		ME (First, Middle, Me othy Moi		10)	
BE	19e. INFORMANT'S NAME (Type/Print)		19	h MAILING	ADDRESS	(Street and	Mumbar				77- 0-4-1	
유	196. INFORMANT'S NAME (Type/Print) Diane C. McKechnie 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 823 E. Lake Ave. Baltimore, Maryland 21212											
	20e. METHOD OF DISPOSITION 1 Burlel 2 X X Chemetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of OATE 20c. LOCATION — City or Town, State Cametany, committee of the closed Cam											
	4 Donellon 5 Other (Specify) Greenmount Crematory 2/10 Baltimore, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENS	ten X	enai	Ris	22. N	AME AND	ADDRES	itch	ell-Wied	lefelo	1 Hom	ne 6500 cm.
	Dennis Stepher			10064	0 650	00 Yc	rk	Road	Baltino	e, Ma	aryla	ind 21212
	23. PART i. Enter tha diseasas, or com shock, or haart failura. Lia	npilcations that t only one caus	caused tha da a on each line	ath. Do i	not antar t	ha moda	of dyl	ng, aucl	as cardiac or i	espiratory	arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final										Onsat and Daath	
	disease or condition											
z	Fulminant Sepsis											
RTIFICATION	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	DISSE	OR AS A CONSE	ed I	ntyai	rasc	ula	n C	oaqula	tion		
RTI	that initiated eventa resulting in daath) LAST	002 10 (0	AS A CONSEC	DUENCE O	r):				7			
S	d											<u> </u>
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions of			asuiting	in tha und	erlying o	cause g	jiven in		S AN AUTOP	SY 2	246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
D)G	Mecurrent 3	erzure:							1 M YE	S 2 NO		COMPLETION OF CAUSE OF DEATH?
W	Solemactony co	0	Ve d. Col		.1				-			1 YES 2 MNO
IAN	25. WAS CASE REFERRED TO MEDICAL	condary	Lo Don	iero	CYTO:	26. PLAC	E OF O	FATH (Che	ick only one)			
SIC	EXAMINER?	OSPITAL:	ER/Outpstient 3	□ DOA	OTHER:				8 Other (Specify,			
Ή	27. MANNER OF DEATH	28e. OATE OF II (Month, Day	JURY	28b. TIM		Bc. INJUR	Y AT	3,03,103	28d. OESCRIBE H		OCCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			M	WORK		NO				
	3 Suicide 6 Could not be	26e. PLACE OF building, at	INJURY At ho c. (Specify)	me, term, :	street, factor	ry, office			281, LOCATION (SE City or Town, S	reet end Nun itate)	nber or Run	al Route Number,
H	On OFFICIER A											
COMPLETED	(Check only 1 (ME CERTIFYING PHYSICIAL											
	296. SIGNATURE AND TITLE OF CERTIFIER	on the besis of sa	mination and/or i	investigatio	n, in my op							e(s) end menner es stated,
BE	Hamas & Wich	e III	Reside	nt F	GY3	2	9c. LICE	NSE NUM	BER			7. 1992
6	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE			Print)						Feb	1,1176
	George E. Wic	ks III	M.D.	2	01 E	E. U	niv	evsi	ity Par	(was	*	
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR	S DIGIATUR	/(d000/v-	Mande	W-		- 20				
	FFB 11	1992		mhain								

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I K EX E X

	FOR		STATE OF F	MARYLANI) / DEPAI	RTMENT	OF HEAL	TH AND	MENTAL HYGIEN		03649
	1 - STATE REGISTRAR		02 0		CERTIF				REG. NO		100
	1. DECEDENT'S NAME (Firs	st, Middle, Last,							2. DATE OF DEATH	AY , YEA	3. TIME OF DEATH
- 12	MCEVOLY	Ruth	E RUT	H FREE	DENBUF	RG McE	VOY		Feb	7 9	2 107 P. M
7	4. SOCIAL SECURITY NUM 212-10-331		5. SEX	6. AGE (In yrs	: lest birthday) YRS.		YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10-31-0	C	IRTHPLACE (State or Foreign buntry)
	9a. FACILITY NAME (If not	-		0.5	_	9b. CITY, 1	TOWN OR LO	CATION OF D		9c. COUNTY C	Maryland
DIRECTOR	St. Josep	h Hos	The state of the s				owson			Ba	ltimore
딢	RESIDENCE OF DE	10b. COUN	TY		10c. Cl	TY, TOWN OR	LOCATION				10d. INSIDE CITY
	Maryland		altimore			Tows					1 YES XXXNO
FUNERAL	800 Southe		ay				21 20			10g. CITIZEN (OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE FORCES? 1 YE IF YES, GIVE WAR OR			YES 24	NO.	13. W If 1	AS DECENDED yes, specify (NT OF HISPA Liben, Mexic M3 Speci	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White
ED	15. DE	CEDENT'S ED	UCATION To completed	16a	DECEDENT'S		CUPATION uring most of w	andrina.	16b. KIND OF BU	ISINESS/INDUSTF	ťΥ
COMPLET	Elementary/Secondary	1	College (1-4 or 5	+)	life. Do NOT e	retar		onang	Insi	ırance	
₩C	17. FATHER'S NAME (First,	Middle, Last)					7	MOTHER'S N	AME (First, Middle, Maider		
	William L		edenburg				10.		ora Lee Cai		
BE	19a. INFORMANT'S NAME		Ь		19b. MAH IN	G AODRESS	(Street and No		Route Number, City or Tox		9)
5	Robert L.								herville,		
				20h PI							
	1 XX Exital 2 A Cremettor 3 - Removal from State of cemetary, crematory or other place)										
	21. SIGNATURE OF THE RELATION										
- 8	Dennis S. Xenakis M00640 Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryladd 21212										
	shock, or heart failure. List only one cause on each line.										Approximata Interval Between Onset and Death
ATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algorific	cant condition	Chum	death but r	ot resulting	In the und	darlying cau	ise given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES: 2 -NO
A	25. WAS CASE REFERRED	TO MEDICAL					26. PLACE	OF DEATH (C	heck only one)		
SIC	EXAMINER?	-	HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER A Num		Residence	8 Cher (Specify)		
	1 Topatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY WORK? 1 YES 2 NO									ED .	
ED BY	2 Accident 3 Suicide 8	Could not b	28e. PLACE	OF INJURY — i	At home, farm	, street, facto		2 0 110	28t. LOCATION (Street City or Town, State	t and Number or R	ural Route Number,
COMPLETED	29a. CERTIFIER (Check only	MTIFYING PHY							is to the cause(s) and m		use(s) and manner as stated.
	29b. SIGNATURE AND THE	LE OF CENTR	un /	7			290	LICENSE N	JMBER	29d. DATE Sto	GNEO (Month, Day, Year)
TO BE	Li	ile	Juny 1	m	AMPLA		230		144	>	Feb 7'92
	30. NAME AND ADDRESS		NHO COMPLETED CA	T D	(ITEM 27) (Ty)		coff	(,ty	md zi	043	
	31. DATE FILED (Month, Da	FR 1	32. REGISTR	ALLE SIGNATU	vidson-1	David as					
- 5	-		6		- I AND AND	- west					DHMH-18 Rev 1

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	a law requires that the death certificate he executed suits
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70	DUVCICIANI.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TAL OB ATTENDING DUVELOUANS The
5	00
	TAI

VN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have been signed by the attending physician prior to burial, cremation, or removal.	NE If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate	d by the attending physic and Mental Hygiene pri-	ny injury, or other tr
CIAN: The law requires	artificate has been signe the State Dept. of Health	or Item 23 shows a
OR ATTENDING PHYSIC	WESTOR: After this ce yurs after death with the	em 28 is marked,
PITAL C	FRAL D	MERIN

	1 - STATE REGISTRAR	STATE OF MARYLAND /		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	5 2	03030
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	MILTON	I. mcCREK	+du		MONTH 9 DA	9 2	1950 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. les	t birtheray) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign
	220-12-8851	1 x M 2 □ F 65	YRS, MO	ITHS DAYS HOURS MIN.	03/09/26		aryland
~	9a. FACILITY NAME (If not institution, give	street and number)	96	CITY, TOWN OR LOCATION OF D		9c. COUNTY O	
0	St. Agnes Hospit	al		Baltimore		Balti	more
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
	Maryland Balt	imore	Ва	ltimore			LIMITS? 1 YES 2 NO
M	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	1303 St. marks A			21230			USA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N	10	13. WAS OECENDENT OF HISPAI If yes, specify Cuban, Mexico	an, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, etc.
BY	3 Widowed 4 Divorced	1944-1946 1950-	L951	1 TES 2 NO Specif	y :	S	white
COMPLETED	15. DECEOENT'S EDU (Specify only highest grad		CEOENT'S USI	AL OCCUPATION done during most of working	16b. KIND OF BUS	INESS/INDUSTR	Y
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use re	ired.)			
MP	11th	stat	lonar	engineer	Kopper		
	17. FATHER'S NAME (First, Middle, Last) Milton R. McCreac	dv			ME (First, Middle, Maiden S	Sumame)	
BE	19e. INFORMANT'S NAME (Type/Print)		MAN INC. AD		nderson		
2	Alice Collins Mc			Marks Avenue			
	20s. METHOD OF DISPOSITION 1.6. Buriel 2 Cremetion 3 Ren	20b. PLACE A	ND DATE OF D	SPOSITION (Name of	-	ATION — City of	
	4 Donation 6 Other (Specify)	Md. Ve	eteran:	Cemetery	2/13/92 Cr	ownsvi	lle, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE) ()	22. NAME AND ADORESS OF FA Ambrose Funera) C	
	tell	7	Ja.	1328 Sulphur	Spr. Rd. Ar	butus.	Md. 21227
	23. PART . Enter the diseases, or shock, or heart failure.	complications that ceused the de List only one cause on each line.	ath. Do not				Approximate
\neg	IMMEDIATE CAUSE (Final		,		1.		Interval Batween Onset and Death
ļ	disease or condition resulting in death)	B. DUE TO (OR AS A CONSEC		ypicatory An	rest		3 hours
_		A / /	DENCE OF):	1. Cartie and	no A		
5	Sequentially list conditions, if any, lesding to immediate	OUE TO (OR AS A CONSEC	UENCE OF):	o constitution	of way		mayer
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c (01	onw	ry Artery D	seure		one telu
E	that initiated events	OUE TO (OR AS A CONSEQ	UENCE OF):	/			
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AL (PART ii. Other significant condition	na contributing to death but not re	eauiting in t	a underlying cause given in	Pert i. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
					1 YES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							1 YES 2 NO
ä							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpatient 3 28e. DATE OF INJURY	DOA 4 C	Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW IN	HIRV COCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	200. DESCRIBE NOW IN	JUNY OCCUMED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY — Al hor building, etc. (Specify)	ne, farm, stree		281, LOCATION (Street ar	nd Number or Rur	al Route Number,
TE	4 Homicide determined	ballaring, etc. (Opecity)			City or Town, State)		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, dea	ith occurred at	Ihe time, data and place, and due	to the cause(e) end man	ner sa stated.	
COMPLETED		ER: On the basis of examination end/or in					e(e) end manner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	PAO V	D 100	29c. LICENSE NUI	MBER	29d. DATE SIGN	EO (Month, Day, Year)
2	20 NAME AND ADDRESS OF THE	sky of 6	olg IN	1 1215	12	1	9152
6	30. NAME AND ADDRESS OF PERSON WIT	CAUSE OF DEATH (ITEM	27) (Type, Prin	mp 345	5 wilto	man A	in R 11 mal
	31. DATE FILED (Month, Day, Year)	3. REGISTRAR'S SIGNATURE	149	11.11	3 201110	ena /Il	2175
	FEB 1 1 1992	32. REGISTRAR'S SIGNATURE FULLA DRUMBLOST - ROMA	(Alleria				-1129
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Z	fter this certificate has been signed by the atten- path with the State Dept, of Health and Mental H	IANT: If item 28 is marked, or item 23 shows any injury, or other traumatic
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_		1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPAR CERTIF	TMENT OF I	IEALTH AND I	MENTAL HYGIEI REG. NO			-13
		030/11/ 2: 110011	WOON	OSCA	LR.		2. DATE OF DEATH	8,0	72 3	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 212-10-5711	1 M 2 F	(In yrs. last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05 07	04	Country)	ACE (State or Foreign
5	5	Constitution of the Consti		NTRE		I MOR		BAL		ORE CITY
5	DIRECTOR	10a. STATE 10b. COUNT			Y, TOWN OR LOCA				10	Od. INSIDE CITY LIMITS?
		Maryland NA		Bal	timore C	. ZIP CODE	ooklyn)	1.7	N OF WN	XXYES 2 NO
	LONEHAL	4105 Townsend	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DEC	21225	IIC ORIGIN? (Specify Ye		USA	A
2	5	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Mexica 2 X NO Specify	n, Puerto Ricen, etc.)	1 or No	Black, V Specify:	White, etc.
		15. DECEDENT'S EDU (Specify only highest grade	completed)	18e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION	ON set of working	16b, KIND OF BU	JSINESS/INDU	STRY	
O Marie TED	MILE	6th Grade 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Supervi					ty Ma	aintenance
ed at on	2	George Washingto	n Moon				ME (First, Middle, Melder eth Graul	Moon		
TO BE COM		190. INFORMANT'S NAME (Type/Print) Mr. Gene Moon		196, MAILING 101	Rosecres	t Dr., A	nnapolis,	vn, State, Zip C	1403	
		20e. METNOD OF DISPOSITION 1 (X Buriel 2		b. PLACE AND DATE of the state	OF DISPOSITION (Na	nme of	DATE 20c. LC	DCATION — CI	ly or Town	
examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Stanle	<u>Cedar H</u> y M. Loe	wner Mane A	tery D ADDRESS OF FAC	2/11 Ba eral Home	of Br	e, Ma	aryland
		Stanley	M. Lou		237	E. Pata	psco Ave.	Balte	0 1	1d. 21225
medical		23. PART I. Enter the diseases, or c shock, or heart feliure. IMMEDIATE CAUSE (Final	List only one cause on a	d the deeth. Do reach line.	not anter the mo	de of dying, auch	h aa cardlec or reep	oiratory erres	nt,	Approximate Interval Between Onest and Death
event, the		disease or condition reaulting in death)	DIE DS	16	5.					are dar
		Sequentially list conditions,	URINAR	TR	ACT -	INFEC	TION			one dan
CATION		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE OF	ገ ፡					
Y, or other traumatic		thet initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	ງ :					
5 -	_ III	PART II. Other significant condition	e contributing to deeth t	out not resulting	n the underlying	ceuse given in i				ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		DEHYL	DRATION	J			PERFO		CC	AILABLE PRIOR TO DMPLETION OF CAUSE DEATN?
N. N.									1	YES 2 NO
VSICI/		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	ACE OF DEATH (Che				
BY PHY		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJ URY WO		28d. DESCRIBE NOW	NJURY OCCU	RED	
		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, a	rimel, factory, office		281. LOCATION (Street City or Town, State)	end Number or	Rural Rout	Number,
E COMPLETED		29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSH 2 MEDICAL EXAMINED	CIAN: To the best of my know R: On the basis of examination	riedge, death occurre	od at the lime, date	and place, and due to	to the cause(e) end ma	nner as stated.	couse(e) en	d manner ee stated.
8		296. SIGNATURE AND TITLE OF CERTIFIER		(into	100	29c. LICENSE NUM				onth, Day, Year)
\ P		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, 3000) S	Print) B. HANI	OUFD	STRFFT	, AMA	210	1230
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TO PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	THE TRANS AT THE SATE OF THE THE STATE OF THE THE SATE OF THE TRANS AT THE SATE OF THE SAT
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92 03652 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Anna Feb. 9, 1992 Martin 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 7/8/1899 B. BIRTHPLACE (State or Foreign Country) DAYS 215-05-2990D MONTHS HOURS MIN. Maryland 1 M 2 X F 92 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 742 E.Fort Ave. Balto.City, Md. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City, Md 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 742 E.Fort Ave. 21230 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White ВҰ 3 ₹ Widowed 4 ☐ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 6th.Grade 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE Henry Broch Anna ----19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Grace T. Boya 748 E.Fort Ave. Balto, Md. 21230 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Glen Haven Mem. Park 2/12/ Glen Burnie, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 2 McCully Funeral Home, 130 E. Fort Ave 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between tenoselente Cardo Vanla Direce IMMEDIATE CAUSE (Final Onset and Death disease or condition mes rasulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24n. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 PYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☑ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND PITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER olando 12-12-8 39 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9

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31. DATE, RILED (Month, Day, Year)

1992

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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	AMELIA E						02 07	7 19	92	6:30PM
		T 185	s. last birthday)	-	DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIFTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
	213-01-0637 9e. FACILITY NAME (If not institution, give street a		78 YRS.				03/31/1			RYLAND
<u>~</u>	G.B.M.C.	rd number)				OR LOCATION OF DE	ATN	9c. COUN		
5	RESIDENCE OF DECEDENT			1	OWS	UN		BAL	TIM	ORE
RE	10a. STATE 10b. COUNTY		10c. CI1	TY, TOWN OF	LOCAT	ION				10d. INSIDE CITY
▫	MARYLAND			BALT	IMO	RE				1 YES 2 NO
PA	10e. STREET AND NUMBER				101	ZIP CODE				NAT COUNTRY?
FUNERAL DIRECTOR	2817 BRENDAN AVE			_		21213		1	5.A.	
		MAS OECEDENT EVER IN U.S FORCES? 1 YES 2 F YES, GIVE WAR OR OATES	NO NO	14	yes, spe	city Cuben, Mexica	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-		— American Indian, , White, atc.
B	XX Widowed 4 □ Divorced	F YES, GIVE WAN OR OATES		11	YES	XX NO Specify			Specif	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N 18a	. DECEDENT'S	USUAL OCC	UPATIO	N .	16b. KIND OF BU	SINESS/INDU	ISTRY	WHITE
9	Elementary/Secondary (0-12) Col	lege (1-4 or 5 +)	(Give kind of life. Do NOT u		nng mo:	st or working				
MP	NA NA	A .	CLERIC	AL			FURNITU	JRE CO	MPAI	NY
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Surname)		
BE	THOMAS MOONEY 19a. INFORMANT'S NAME (Type/Print)						A ELLIOTT			
5	E. LEE RINEHART (NEE	HEW-IN-IAW)	19b. MAJLING	ROV	Street a	nd Number or Rural F	Noute Number, City or Tow	n, State, Zip (Code)	
	20a. METHOD OF DISPOSITION	205 81 4	CEANDDATE				DATE 20c. LO			
	VIX Buriat 2 Cremation 3 Removat fit 4 Donation 5 Other (Specify)					CEMETER		'IMORE		
- 1	21. BIGHATURE OF FUNERAL SERVICE LICENSES		1				RAL HOMES,		_	
	F	Couls	5 /1				NE, BALTIM			01010
	23. PART I. Enter the disease, or complete the complete t	Icetions that caused the		not enter ti	T 20	de of dulan auch	NE, DALILE	OKE,	MD.	
	IMMEDIATE CAUSE (Fine)	CARDIAC	line.				os cordine or reap	ratory arre	···.	Approximate intervel Between Onset and Death
		DUE TO (OR AS A COM								
NO	Sequentially list conditions,	SEPSIS OUE TO (OR AS A CON								
ATI	if any, leeding to immediate cause. Enter UNDERLYING	LIVER FA		F):						00 7177
CERTIFICATION	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A COM		F):						30 DAYS
E	resulting in death) LAST									
	PART II. Other eignificent conditions con	tributing to death but n	Ot regulting	in the und		anno alum ta l				
MEDICAL	Kapatris	For Pin	O	in the und	eriyirig	ceuse given in i	Part I. 24a. WAS AN PERFOR		(1)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
		700000			_		1 YES 2	□ NO		CDMPLETION OF CAUSE OF DEATH?
							-			1 TES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OEATH (Che	ck only one)			
Sic		SPITAL: inpatient 2 - ER/Outpatient	3 🗆 DOA	OTHER:		5 Residence				
PHYSICIAN:	. 8	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM		Bc. INJU	IRY AT	28d. OESCRIBE HOW II	NJURY OCCU	REO	
84	1 Natural 5 Pending 2 Accident Investigation			M	Acres 1	ES 2 NO				
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	home, ferm, s	street, factor	, office		28f. LOCATION (Street e City or Town, State)	nd Number o	r Rurel Ro	oute Number,
E										
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN:	To the best of my knowledge	death occurre	ed at the time	e, date	end place, and due t	to the ceuse(a) and man	ner sa stated		
o l	2 MEDICAL EXAMINER: On	the basis of examination and	or investigation	in, in my opie	nion, de	ath occured at the t	ime, dats and place, and	d due to the	cause(a)	and menner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	, _ < A A	1)			29c. LICENSE NUM	BER	29d. DATE	SIGNED	Month, Day, Year)
ē.	Law / Va	M3, /VL.	/,			0019	8	1	8/	92
	38. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (TEM 27) (Type,	Print)				-	-	
	31. OATE FILEO (Month, Day, Year)	22. REGISTRAR'S SIGNATUR	E			,				
	FFR 1	1 1992 Supering	his David	ben-12	ndel	E.				

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nsit permit. Pages 1, 2, 3 should

	REGISTRAR		CENTIF	ICATE OF	DEATH	REG. NO		
1	1. DECEDENT'S NAME (First, Middle, L	marie mac	MAEX			2. DATE OF DEATH DO DEATH	AY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-44-1799 90. FACILITY NAME (II not institution, g Hansellan M	1 M 2 De pive atreet and number)	(In yrs. lest birthday)	9b. CITY, TOWH	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF OR	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Letterace (OF DEATH
	RESIDENCE OF DECEDENT	11		TY, TOWN OR LOCA		7,7		10d. INSIDE CITY
	Maryland			Baltimor				LIMITS?
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
	4538 Parkside	Drive	IN II S ARMED	13 WAS DE	21206	NIC ORIGIN? (Specify Ye		S. A. RACE — American indian,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	S 27 340	If yes, sp		n, Pueno Ricen, etc.)		Specify White
	15. DECEDENT'S (Specify only highest ((Give kind of	S USUAL OCCUPATI work done during m		18b. KIND OF BU	SINESS/INDUS	TRY
	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	Homemm	and the same of th		0.40	m Home	
	17. FATHER'S NAME (First, Middle, Last		110111011111		18. MOTHER'S NA	ME (First, Middle, Maiden		
	Otto Starklau	£			1	ara (Unkno		
	19e. INFORMANT'S NAME (Type/Print)	(0)				Route Number, City or Tox		
ı	George Maex J1	2	Ob. PLACE AND OAT	TE OF DISPOSITION	(Name	Balto., M	CATION CIT	y or Town, State
	1 Natural 2 Cremation 3 4 Donation 5 Other (Specify)	Removat from State	Holy Red	eemer Ce	metery	Ba1	timore	, Md.
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	7	Schin		eral Homes		Md. 21213
- 11	iMMEDIATE CAUSE (Final disease or condition	Arte		laro		th an cerdlec or resp	,	intarvai Betwe
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS		0F):				intarvai Betwe
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Henry Scagliola, M.D.

31. DATE FILED (MOOTH, Day, Year)
FEB 1 1 1992

FLA

Arthur J. MOF					2. DATE OF DEAT FED YUAY	y 9, 199	92 9:16 A				
4. SOCIAL SECURITY NUMBER 216-24-2294	1 ₭ M 2 🗆 F	6. AGE (In yrs. lest birthde) 63 YRS.	MONTHS	DAYS HOURS MI	oCT.29,	1928	8. BIRTHPLACE (State or Foreign Country) MARYLAND				
FRANKLIN SQUARESIDENCE OF DECEDEN	ARE HOSPITAL	L		ALTIMORE	F DEATH		imore County				
MARYLAND I	BALTIMORE	10c. C	ITY, TOWN OR		RRY HALL		10d. INSIDE CITY LIMITS? 1 YES XXX NO				
9305 NEW GERST	T ROAD		13	101. ZIP CODE 21128	3		EN OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	31 1	AS DECENDENT OF HI yes, specify Cuban, Mo YES 2 XNO S	SPANIC ORIGIN? (Special participation) (Special partic	ly Yes or No—	14. RACE — American Indian, Black, White, stc. Specify: WHITE				
15. OECEDENT'S (Specify only highest the secondary (0-12) NA	EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT	s usual occ f work done du use retired.)	ring most of working	111515-00-00	TMPROVI	EMENT CO.				
17. FATHER'S NAME (First, Middle, Less ARTHUR J. MORG	0	OWNER	, or bite	18. MOTHER'S	NAME (First, Middle, Mi	alden Sumame)					
194. INFORMANT'S NAME (Type/Print) MARGARET E. MO					ural Route Number, City o						
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)		20b. PLACE AND DAT	E OF DISPOSITI	ON /Name of		c. LOCATION — C	ity or Town, Slata				
23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	o on each line.	not enter th	for mode of dying, breat	such as cardlec or i	reapiratory arre	at, Approximata interval Batwee Onset and Daat				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Coron Doub to (Coron	OR AS A CONSEQUENCE	ascul	fareto	Diene		1987				
PART II. Other significent cond	Thereo	eeth but not reaulting	in the under	erlying ceuse giver	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
				26. PLACE OF DEATH							
25. WAS CASE REFERRED TO MEDICAE EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	a Home & Pasider							
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL: 1 Inpattent 2 W 28a. DATE OF II (Month, Day	ER/Outpetient 3 DOA NJURY 28b. Ti	OTHER: 4 Nursin	g Home 8 Resider BC. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE H		URED				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpetient 2 Set 28a. DATE OF II (Month, Day 100 28a. PLACE OF building, et	NJURY 28b. Ti	OTHER: 4 Nursin ME OF JURY	BC. INJURY AT WORK?	28d. DESCRIBE H	OW INJURY OCCU	PRED Provide Number,				
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Belair RD

Baltimore

MD

21236

9712

22. REGISTRAR'S SIGNATURE who Davidson Rendered

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03656

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		C									
DECEOENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	y yr	AR 3	TIME OF DE	ATH
lichael	Duane			Murph	У	0.2		1992		3:56	P
SOCIAL SECURITY NUMBER		B. AGE (In yrs. le		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	8. 8	DIRTHPL Country)	ACE (State or	Foreign
217 46 4068	1 🖾 M 2 🗆 F	43	YRS.				/1948		Mar	yland	
e. FACILITY NAME (If not institution, give			1	9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEA	TH	
Fallston Gene	ral Hosp	ital		Fal	1ston			На	arf	ord	
a. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LOCA	TION				10	Dd. INSIDE CIT	TY
ennsylvania Yo	rk		Air	ville					١,	LIMITS?	- NO
e. STREET AND NUMBER				10	OI. ZIP CODE			10g. CITIZEN			
RD 2 Box 268M	Highview	Drive			17302			U.S.	Α.		
. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN	? (Specify Yes	or No- 14.	RACE -	- American Inc	dien,
Never Married 2 ☐ Merried ☐ Widowed 4 ☒ Divorced	IF YES, GIVE WA				S 2 NO Spec		ilcan, etc.)		Specify:		
15. OECEDENT'S EOL	HIGATION	Lucia								White	
(Specify only highest grad	le completed)	(1		SUAL OCCUPAT rk done during m retired.)		166.	KIND OF BUS	INESS/INDUST	RY		
Elementary/Secondary (0-12) 11th Grade	College (1-4 or 5 +)			ployed			Concta				
FATHER'S NAME (First, Middle, Last)		5	CAI IAN	proyeu	16. MOTHER'S N			uction			_
1	Earl Mur	nhv			Hi1	_	Hobbs	surriemej			
. INFORMANT'S NAME (Type/Print)	1101		Pb. MAILING A	DDRESS (Street	end Number or Rura			State 7in Cod	(a)		
Dorothy Gardner					Street					21 201	
e. METHOD OF DISPOSITION		20b. PLACE	ANDDATEOE	DISPOSITION /A	lame of	CATE	200 100	ATION - CITY	or Town	Ctata	
☐ Buriel 2 ☐ Cremation 3 ☐ Ren ☐ Donation 6 ☐ Other (Specify)	moval from State	Meado	ometory or other	e Memoi	cial Par	2-7	Ra 1	timore	M	arulan	7
SIGNATURE OF FUNERAL SERVICE L		-		22. NAME A	NO AODRESS OF F	ACILITY					<u>u</u>
) /)	1 /11										
3. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Finel lisease or condition souliting in death)	complications that a Liet only one ceus- Hyperten	on each iin sive art	eath. Do note. erioscl	4001 t enter the me erotic c	ge J. Go Ritchie ode of dying, au ardiovascu	Hwy.	Balti lec or reaplr	more,	Md.	21225 Approxir Interval	nata Betwee
AMEDIATE CAUSE (Finel lesease or condition southing in death) equentielly list conditions, any, leeding to immediate ansee. Enter UNDERLYING AUSE (Disease or injury	Complications that c. Liet only one ceuse Hyperten s. Due to (C. D	caused the de on each lin sive art	eath. Do not e. erioscl	4001 t enter tha m erotic c	Ritchie ode of dying, au ardiovascu	Hwy.	Balti lec or reaplr	more,	Md.	21225 Approximately	nata Betwe
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

	sit permit Pages 1.2.3 should	20000 14 1 20000	
be executed within 24 flours after beautifully be retained by the hospital of attending physician.	ician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermi	ior to burial, cremation, or removal.	the traumatic event, the medical examiner must be notified at once
TO THE HOOLINE OF DESCRIPTION OF THE PROPERTY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene pr	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other to

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / CE	DEPARTI	MENT OF I	HEALTH AND) MENT/	AL HYGIENE REG. NO.		_ 0000,
	1. DECEOENT'S NAME (First, Middle, Last) VERDA		MUS	SSER				TE OF DEATH	, 1992	3. TIME OF DEATH 6:10 A M
	4. SOCIAL SECURITY NUMBER 162-18-4062	1 🗆 M 2 🍱 F	6. AGE (In yrs. last	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	E OF BIRTH onth, Day, Year) 0.5,1921	a. Bi	IRTHPLACE (State or Foreign ountry)
TOR	9e. FACILITY NAME (If not institution, give a Memorial Hospital RESIDENCE OF DECEDENT				Cumber	land	DEATH		9c. COUNTY O	egany
FUNERAL DIRECTOR	10s. STATE 10b. COUNT	erset Co.			TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FRAL	100. STREET AND NUMBER 114 Large St.					or. ZIP CODE 15552	2		10g. CITIZEN C	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAS	YES 2 XNO	IEO O	If yes, sp	CENOENT OF HISP pecify Cuben, Maxie S 2 NO Spec	ican, Puerlo	iN? (Specify Yes on Ricen, etc.)	or No — 14. R	RACE — American Indian, Black, White, etc, Specify: While
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Giv life. L	CEDENT'S US we kind of work Do NOT use no	SUAL OCCUPATION of done during more retired.)	ON ost of working	16	Shirt	ness/inoustr	
BE CON	17. FATHER'S NAME (First, Middle, Last) Herbert	Schardt						, Middle, Maiden St Putman)	umame)	
10	194. INFORMANT'S NAME (Type/Print) William J. Musse	er	19b.	MAILING AD	oness (Street in arge S	and Number or Rura t. Meye	ersda	le, Pa.	15552	
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AN	ALTY OF CHE	DISPOSITION (Na Metery	ame of	2-2	92 Berl	in, Pa	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	1/2	W. R. P.		325 1	Main St.	. Mey	ersdale	, Pa.	ome, Inc. 15552
CERTIFICATION	23. PART I. Enter the diseasea, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Our To to	Caused the deale on each line. On All A CONSEGN ON AS A	Les Hence of	rization as yel	de of dying, sury A	to as car	rdiac or respira	itory srrest,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	ss contributing to de	eath but not re-	sulting in t	the underlying	g cause given in	n Part I.	24s. WAS AN AI PERFORM 1 [] YES 2 [ED?	24h. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 VES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	IR/Outpatient 3		THER:	LACE OF DEATH (C	and all land	Administration -		
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	West	20b. TIME OF	OF 28c. 2NJ WO M 1 □ 1	NURY AT DRK? YES 2 NO	-	SCRIBE HOW INJ	URY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF In fluilding, etc	INJUNY At home c. (Specify)	e, farm, atree	et, factory, office		28f. LOC City	CATION (Street and or Yours, State)	f Mumber or Aus	si Route Mumber;
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE	ER: On the best of my	y knowledge, deat mination and/or in	h occurred a	it the time, data in my opinion, d	and place, and du	sa to the ca	iuse(s) and manne a and place, and	or as stated.	e(e) and manner as stated.
TO BE	296. SIGNATURE AND TYLE OF CERTIFIER	8 12				D 2337		2	Pd. OATE SIGN	IEO (Month, Day, Year)
	30. NAME AND ACCORESS OF PERSON WHO	Johnson	n Height	t's Me		Bldg.	Cumbe	erland,	MD 215	502
	31. DATE FILED (MONTH, Day, Year) FEB I 1 1992	32. HEGISTRADA	WIGGEN-PM	ndelle						

THE FEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Item: 3, per MEO G-686 4/14/92 Items: 23 part I,II,27 per MEO G-68 part I, II, 27 per MEO G-685 3/4/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAR		CI	=KIIIF	ICALE	OF	DEATH		REG. NO	D.		
	1. DECEDENT'S NAME (First, Middle, Last							2. DA	E OF DEATH			3. TIME OF DEATH
	Stephe	en Brent Mo	cQuay					0.3		B 19	YEAR Q 2	11:14 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HR	s. 7. DAT	E OF BIRTN		B. BIRTNP	LACE (State or Foreign
	213-46-0053	1 📉 M 2 🗆 F	46	YRS.	MONTHS	DAYS	HOURS MIN	. (Mo	nth, Day, Ybar) -05–194		Country)	land
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATION OF		07 19	9c, COUN		
8	3220 WOODHOM	E AVENUE			DA.	ттт	MORE					210 010 010 010
DIRECTOR	3220 WOODHOM				DA.	TITI	FIORE					
뿐	Maryland 10b. coun	TY		10c. CIT	Y, TOWN O	R LOCAT		D-1+-		72		10d. INSIDE CITY LIMITS?
								Balt:	more (lty		1 X YES 2 NO
I₹I	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZ	EN OF WH	IAT COUNTRY?
剪	3220 Woodhome Av	renue						2123	34	1	J.S.	Α.
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. V	WAS DEC	ENDENT OF NIS	PANIC ORIG	IN? (Specify Y		4. RACE -	- American Indian
∑	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES				ecify Cuben, Mei		Rican, etc.)		Specify	White, etc.
					_							White
COMPLETED	15. DECEDENT'S EO (Specify only highest grad	de completed)	(G	ive kind of v	USUAL OC	CUPATIO	ON ist of working	10	b. KINO OF BI	JSINESS/INDU	STRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us				l_				
ME	12th 17. FATHER'S NAME (First, Middle, Last)		S	ervi	e Re	paıı					3 &]	Electric
8							16. MOTNER'S			,		
BE	199. INFORMANT'S NAME (Type/Print)	ton McQuay							hy Pac			
2	Mr. Milton McQua		191				and Number or Ru					
	20e. METNOO OF DISPOSITION	У		Rt.		ox .		Ilian				21795
	1X Burial 2 Cremation 3 Ref	moval from State	20b. PLACE A cemetery, cre	matory or or	her place)	,		1		OCATION — C		
	21. SIGNATURE OF FUNERAL SERVICE L	IDENSEE /	Morel	and 1	Memor	ial	Park		/12 Pa	<u>arkvil</u>	le,	MD
		17/			22.1	NAME AN	ID ADDRESS OF	FACILITY	lurgee-	Henss	Fune	eral Home
	Kepon	Cours	ence	1	36	31 I	Falls R	oad	Baltin	nore, l	Mary!	land 21211
	23. PART i. Enter the diseeses, or shock, or heert fellure	complications that	aused the de	eth. Do n	ot enter	the mo	de of dying, a	uch aa ce	rdiec or resp	iratory arre	nt,	Approximate
	IMMEDIATE CAUSE (Final	. List only one couse	on esch line									interval Between Onset and Deeth
	diseese or condition resulting in death)	. Cardi	ac Arr	hvth	mia							l and and about
		-	R AS A CONSEC	, mb								1
2		b.										
일	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEC	UENCE OF):							
5	CAUSE (Disease or Injury	C										
Ë	that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSEC	UENCE OF):							
CERTIFICATION	Commission Commission	d										
	PART ii. Other significant condition	ns contributing to de	eeth but not re	suiting i	n the unc	derivino	ceuse given	In Part I.	24e. WAS AF	ALITOPSY	245 W	VERE AUTOPSY FINDINGS
EDICAL	Acute Alcohol					,	9.40.1		PERFO	RMED?		WAILABLE PRIOR TO
									1 X YES	2 NO		OF DEATH?
·											1	YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL	1				26 PI	ACE OF OEATN	Charl and			<u></u>	
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL:	P/Output 2		OTHER	:						
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF IN		28b. TIME		ing Home 28c. INJU	5 X Residence	-	er (Specify)			
9	1 Natural 5 Pending	(Month, Day,	Year)	INJ		WOI		284. 0	SCHIBE NOW	INJURY OCCU	RED	
B	2 Accident Investigation 3 Suicide 6 Could set be	28e. PLACE OF I	NJURY — At hor	ne ferm e	Izaal, facto							
COMPLETED	4 Nomicide 6 Could not be determined	building, etc	c. (Specify)	,	racto	ry, omce	'	City	CATION (Street or Town, State	and Number of	Rural Rou	ite Number,
91	29a. CERTIFIER				- HILL	-						
MP	(Check only	SICIAN: To the best of my	y knowledge, dea	rth occurre	d at the tin	ne, date	and place, and d	ue to lhe c	Ruse(a) and ma	nner as stated		
8		ER: On the beals of exer	nination and/or is	rvestigation	ı, in my op	inion, de	eath occured at I	he time, dat	e and place, e	nd due to the	cause(a) e	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE N	UMBER		29d, DATE S	SIGNEO (N	fonth, Day, Year)
2	Wonald & W	right MD					0.C.	M.E.		02	109/	1992
- 1	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)							
	DONALD G. WRIGHT	MO DOME	5 111	PEN	N S	TRE	ET BA	LTIM	ORE,	MARY	AND	21201
	31. DATE FILED (Month, Day, Year) EFR 1 1 1002	32. REGISTBAR'S	SIGNATURE	anan.								
11		967 666 D 1 H HO 1 H H	CONTRACTOR IN	10000								

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or	led in by the funeral director, page 5 should be detached for use	I, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE CSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	** For RNA** DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	iled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN								
1. OECEDENT'S NAME (First, Middle		L. MORI	rz Jr.	2. DATE OF DEATH DO FEB. 8	1992	3. TIME OF OEATH 10:00 P						
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign						
220-07-4981	1 🔀 M 2 🗌 F	75 YRS.	ONTHE DAYS HOURS MIN.	JUN 17,	1916 P	ANAMA CANA						
9a. FACILITY NAME (If not institution		9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY C	OF DEATH						
7103 SHEFFI RESIDENCE OF DECEDE 10a. STATE 10b. 0			STONELEI	GH	BA:	LTIMORE						
RESIDENCE OF DECEDE	COUNTY	100 CITY	TOWN OR LOCATION			T						
MD.	BALTIMORE	10c. C111,	STONELEI	CH		10d. INSIDE CITY LIMITS?						
	DABITHORE			GII	1	1 TES XXNO						
5	DID DOLD		101. ZIP CODE	010	100	OF WHAT COUNTRY?						
7103 SHEFFI		DINUE ADMED		212	_	.S.A.						
3 Widowed 4 Divorced	12. WAS DECEDENT, EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO R DATES WW II	13. WAS DECENDENT OF HISP I1 yes, specify Cuban, Maxi- 1 YES 2 NO Specify	can, Puarlo Rican, atc.)	E	ACE — American Indian, Black, White, etc.						
15. DECEDENT (Specify only higher	'S EDUCATION	18a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	Y						
15. DECEDENT (Specify only higher (Specify only higher Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, L	College (1-4 or 5+)	life. Do NOT use	k done during most of working etired.)									
12	3	0	FFICE	(PETRO	DLUEM)	EXXON CORP						
17. FATHER'S NAME (First, Middle, L	nst)			AME (First, Middle, Malden	Surname)							
OSCAR LOUI	E MORITZ		VIVI	ANNE B. H	TADE							
10a INFORMANT'S NAME (Time/Bris		19b. MAILING A	DDRESS (Street end Number or Rurs)						
JOAN M. MOR	$\Gamma T Z$		SHEFFIELD RC			H,MD.21212						
20a, METHOD OF DISPOSITION		20b. PLACE AND DATE OF		OATE 20c. LO								
Burial 2 Cremation 3 (P2/12 TIN	ONTIM	.MD. 21093						
21. SIGNATURE OF FUNERAL SERV		DULIANET	22. NAME AND AGORESS OF									
DX1 B	447			4905		OAD 21212						
HENRY W. JENKINS AND SONS, BALTO, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter tha mode of dying, such ea cerdiac or respiratory arrest, Approximate												
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignificent cou	nditione contributing to death	n but not resulting in	the underlying cause given i	Part I. 24a, WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 DAY	CAL		26. PLACE OF DEATH (theck only one)								
EXAMINER?	HOSPITAL:		THER:									
27. MANNER OF OEATH	28a. DATE OF INJUR		Nursing Home 5 Masidence DF 28c, INJURY AT	28d. DESCRIBE HOW I	M HIRV OCCUPE	`						
II 1 197 NATURAL 5 Pandin	(Month, Day, Yea	r) INJUR	WORK? M 1 YES 2 NO	200. DESCRIBE NOW I	NJUNY OCCUREL	,						
2 Accident Investig	28e PLACE OF INJU	IRY — At home, term, stre		281. LOCATION (Street)	and Mumber on Di	mi Danie Alimbar						
4 Homicide detarm	building, atc. (S	pecify)		City or Town, State)		rai House Number,						
			at the time, data and place, and do			se(a) and mannar as stated.						
	RTIFIER		29c, LICENSE N	JMBER	29d. DATE SIGN	NED (Month, Day, Year)						
29d. SIGNATURE AND TITLE OF CE	lu .		DIO	699	D 2/10							
30. NAME AND ADDRESS OF PERS					UTHER	21093 VILLE, MD.						
FEB 1 1 1	32. REGISTRAR'S SI Juna Dayd											

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IDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE PLAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriation or removal.	Applicable of the 28 is marked or the 23 shows any injury or other traumatic areas the medical averaged as a second
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE PLATE DESTINATIONS PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. THE PLATERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the following the properties of the properties	Antitant Hitem 28 is marked or Item 23 shows any injury, or other

	1 - FOR STATE OF MARYLA		RTMENT OF I		MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	1 100	3. TIME OF DEATH			
	Anna M. Menn		MONTH DA	YEAR 92	1256PH					
	275 74 4262	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign			
TOR	215-14-4363 1 M 2 MF 6	YRS.			3-26-20	-	MD			
				OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH			
	Howard County General Hospital	Colur	mbia		Howard	d County				
DIRECTOR	Md 106. COUNTY Baltimore	10c. CIT	Y TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 5121 S. Rolling Road		10	f. ZIP CODE 21227		10g. CITIZEN OF WNAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 -NO	13. WAS DEC	CENDENT OF HISP. Decity Cuben, Mexico S 2 S NO Speci	ANIC ORIGIN? (Specify Yeacan, Puerto Rican, etc.)	as or No— 14. RACE — American Indian, Black, White, alc. Specify: White				
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUSI	INESS/INDUSTRY	WILLE			
	Elementary/Secondery (0-12) College (1-4 or 5+)	We. Do NOT us	work done during mo se retired.)	ost of working						
COMPLETED		Home								
응	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maiden S	Surname)				
띪	Edward R. Linthicum			E - 1 - 1 - 7 - 1	M. Porter					
2	190. INFORMANT'S NAME (Type/Print) Bernard E. White	308 I	ngleside	and Number or Rura Avenue	Baltimore	State, Zip Code) , Md. 21	.228			
	1 Quital 2 Cremation 3 Removal from State cemet	LACEAND DATE (ery, cremetory or a adowrid	OF DISPOSITION (Na ther plece)	ame of		ATION — City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	adowrito	22. NAME A	NO ADDRESS OF F	ACILITY	ward Cou				
	Sterling Ashton Funeral Home, Inc. 736 Edmondson Avenue 21228									
	23. PART I. Enter the diseases, or complications that caused to	ha deeth. Do r	not enter the mo	de of dying, eu	ch ea cerdiec or reapin	story erreet,	Approximate			
	IMMEDIATE CAUSE (Final									
1 1	reaulting in death) a. PSPIVATION OF GONTON ON THE TO MIN									
NO	disease or condition resulting in death) Aspiration of Gastric Contents Min Due tro (or as a consequence to): Acute Gastrointestinal Bleeding Min									
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	ONSEQUENCE OF	F):		1					
FIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A C	ONSEQUENCE OF	F):							
E	resulting in death) LAST						İ			
	DADT II Oh - I - III - III									
CAL	PART II. Other algnificant conditions contributing to death but	not resulting i	n the underlying	g cause given in	Part I. 24s. WAS AN A		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	Depression & Psychotic feate	ires; hi	pertensi	m,	1 🗆 YES 2 (4	COMPLETION OF CAUSE OF DEATH?			
MED	COPO, cigarette smokung						1 TYES 2 NO			
PHYSICIAN:	27 1990 0105 255522									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PL	ACE OF DEATH (C						
₹ I	1 YES 2 NO 1 Inpation 2 ER/Outpat	ent 3 QOA	4 Nursing Hom		6 Nother (Specify)	rylor M	anor Hych			
	27. MANNER OF DEATH 1 Natural 5 Pending 26a. DATE OF INJURY (Month, Day, Year)	26d. DEŞCRIBE HOW IN.	JURY OCCURED	tachen						
BY	2 Accident Investigation 3 Suicide 28e, PLACE OF INJURY —									
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, larm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
٣	29a, CERTIFIER									
COMPLETED	(Check only Orie) 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at like lime, data and place, and due to like cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ш										
00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
2	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPE PHISTO)									
	4565 HEMLOCK CONEWAY	district and the second	EATO	Ye, wo	ELLICOTT	CITY 7	21042			
	ST. DATE FILED (MOUTH) Day, YEAR) 32, REGISTRAR'S SIGNATI	andelle								

.

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

9. BIRTHPLACE (State or Foreign

MASSACHUSETTS

14. RACE — American Indian, Black, White, etc.

WHITE

(UNKNOWN)

MD

21061

Approximate

Onset and Death

Specify.

N/A --

6:55 PM

REG. NO

2. DATE OF DEATH

MONTH 02

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

1 -

FUNERAL

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Item 2

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IMPORTANT:

MEDICAL CERTIFICATION

PHYSICIAN:

BY

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disesse or condition_

reaulting in death)

5 filled

completely filled rial, cremation, o

the attending physician and con Mental Hygiene prior to burial,

signed by the any

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this certificate his with the State D

After the

DIRECTOR: Nours after of

FUNERAL I =

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HOSPITAL

Dept.

7. DATE OF BIRTH (Month, Day, Year) 07/04/4 IF UNDER 24 HRS. 19 M 2 | F DAYS 546-50-2446 Se. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HARBOR HOSPITAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION MARYLAND GLEN BURNIE ANNE ARUNDEL 10e. STREET AND NUMBER 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 521 KENT RD. 21060 U.S.A. . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. MARITAL STATUS 1 Never Merried 2 Merried If yes, specify Cuben, Maxican, Puarto Rica

1 YES 2 X NO Specify: IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 1961to1964 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION secilly only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spec (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) SELF EMPLOYED CONTRACTOR 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM E. MCCOOL JANICE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) VERONICA L. MCCOOL 125 DREXEL DR. MILLERSVILLE, MD 21108 20e. METHOO OF DISPOSITION
1 X Burlel 2 Cremetlon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 4 Donetion 5 Other (Specify) MARYLAND VETERANS CEMETERY 2-10-92 CROWNSVILLE, MD 21. SIGNATURE OF PUNETUAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME Ov altas SECOND AVE. S.W. GLEN BURNIE, 23. PART I. Enter the disessea, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final

1emalameses

DUE TO (OR AS A CONSEQUENCE OF)

6. AGE (In vrs. last birthday)

THOMAS ANTHONY

5 SEX

Iron he bords Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, lesding to immediate cause. Enter UNDERLYING hepat CAUSE (Disesse or injury QUE TO (OR AS A CONSEQUENCE OF that initieted events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO arcinom9 0 COMPLETION OF CAUSE 1 TYES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

MCCOOL

1 TES 2 NO WA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 WHO Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA me 5 - Residence S - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED o Lal 1 Natural 6.45 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY - At home, ferm. 3 Suicide S Could not be 4 Homicide NA 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner es

2 ___ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) of

29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day - SZ 6 02 106

They 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MONDRA 3001

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

rusia Davidson-Randelle

DHMH-16 Rev 1/89

19950 20

TO THE RIVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be selected and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAI ERTIF	RTMENT	T OF H	IEALTH DE A	AND I	MENT	AL HYGIEN	E	2	03662
	1. OECEDENT'S NAME (First, Middle, Last)	LOTTIE C. MOORE						2. DATE OF DEATH MONTH DAY SYEAR			YEAR 3	TIME OF DEATH	
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 220→18-4931	5. SEX	6. AGE (In yrs. lest birthdey) F UNDE F 88 YRS. MONTHS			DAYS	IF UNDER	MIN.	7. DAT	TE OF BIRTH orth, Day, Year) 8-25-1903		B. BIRTHPLACE (State or Foreign Country) MICHIGAN	
	99. FACILITY NAME (If not institution, give street end number) CHURCH HOSPITAL RESIDENCE OF DECEDENT 99. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY										9c. COUN	TY OF DEA	ТH
	MARYLAND 10b. COUNTY 10a. STREET AND NUMBER	SALTIMORE 10c. CIT				TY, TOWN OR LOCATION EDGEMERE							
	3105 RIVER DRIVE 1	ROAD 12. WAS DECEDENT EVER IN U.S. ARMED				101. ZIP CODE 21219 13. WAS DECENDENT OF HISPANIC ORIGIN					10g. CITIZEN OF WHAT		
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES OF NO				If yes, specify Cuben, Mexicen, Puerto 1 YES 2 YO Specify:					PRIGIN? (Specify Yee or No— 14. RACE Black, Specif)		
	15. DECEOENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12) 10TH GRADF	(Give kind of work done during most of working College (1-4 or 5+) (Give kind of work done during most of working Iffe. Do NOT use retired:)						ISTRY					
	17. FATHER'S NAME (First, Middle, Last) FDGAR DFXTFR	N/A								HOME ME (First, Middle, Maiden Surneme) MA WILCOX			
10 8	190. INFORMANT'S NAME (Type/Print) NORMA TEAN BATHORY	/						or Rural F	Route Nu	mber, City or Town			21219
	NORMA TEAN BATHORY 200. METHOD OF DISPOSITION 1/2 Cremetion 3 Removal from State 200. PLACE AND DATE OF DISPOSITION (Name of cometary, cremetory or other place) MEADOURIDGE MEMORIAL 2-8-9/2 200. DORSEY, MARY LAND 21. SIGNATURE OF JUNETAL SERVICE LICENSIBLE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY												
	Charle W	Fine	hul		D 7	UDA-	RUCK	FUN	ERA	L HOME DUNDA	IV III	0	K INC. 1222
N	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition) Texturn all diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Desth												
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b.												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events that initieted events that initieted events that initieted events that initieted events that initieted events that initieted events that initieted events that initieted events that initieted events that initieties the event that initieties the event that initieties the event that initieties the event that initiation is the event that initiation that initiation is the event that it is the event that initiation is the event that it is the even												
CERT	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24s. WAS AN AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL		24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO								MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IAN	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EVAMINED? 26. PLACE OF DEATH (Check only one)												
YSIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation				IME OF 28c, INJURY AT WORK? M 1 YES 2 NO				28d. OEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, ferm, etreet, factory, office building, etc. (Specify)					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated.												
TO BE	290 SIGNATURE AND TITLE OF CERTIFIER POPO 356 290 DATE SIGNED (Month, Day, Year) DO 356 DO -05-92												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 2D (Spo. Print)) W. NAVANDO 100 H. Groodeway Borlo. MD 212-31												
	FEB 1 0 1992	Julia Dav	dson-Rang	Lee									



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	92	03
DETITION E OF BEATT		

	1 - STATE REGISTRAR	STATE OF M		PARTMEI				MENTAL HYGIENE REG. NO.	2 2	03063
	DECEDENT'S NAME (First, Middle, Last) CAROLYN			NICH	OLS			2. DATE OF DEATH	92	3. TIME OF OEATH 4:05 PM
	4. SOCIAL SECURITY NUMBER 202 18 4450 8a. FACILITY HAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. lest birth	RS. MONTH	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/19/1922		BIRTHPLACE (State or Foreign Country) New York
стоя	NORTH ARUNDEL HO	OSPITAL AS	SSOCIATION		GLEN			ATH	9c. COUNTY	A. COUNTY
FUNERAL DIRECTOR	Maryland Ann	ne Arundel		Odent	on					10d. INSIDE CITY LIMITS? 1 YES 2 HO
ERA	1590 Annapolis	Pond			101	ZIP CODE			U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				21113 N. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yeat yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 HO Specify:				RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+	(Give kir life, Do N	NT'S USUAL and of work dor IOT use retired Emp1	AL OCCUPATION One during most of working ed.) 16b. KIHD OF BUSINESS/INDUSTRY					
BE	17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)	Joseph N					Magi		,	
2	Ron Nichols			590 An				oute Number, City or Town, Odenton,		Land 21113
	20a. METHOD OF DISPOSITION 1 Burlet 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	SPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)								or Town, State Le, Pennsylvan:
	21. SIGNATURE OF FUNERAL SERVICE L	momu	swsfri	2	2. HAME AI Georg	e J.	Gon		Home	P.A.
	23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that	caused the deeth.	Do not ant	er the mo	da of dyle	ng, auch	ss cardlec or respire	story arrest,	Approximata Interval Setween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Acule Myocardial Infarction								Onset and Death
ATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (DN) AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other significent condition			ting in the	undariyin	g cause g	iven in i	Part I. 24a. WAS AH A PERFORM 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	ATH (Che	ck only one)		
HYSI	1 YES 2 NO	HOSPITAL: 1 Propertient 2 28e. DATE OF	ER/Outpetient 3 D	OA 4 H			aldenca (Other (Specify)	IIIDY OCCUPI	50
BY	1 Hatural 5 Pending Pending Investigation	(Month, De		IHJURY M	1 🗆 1	RK? /ES 2 [но			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)	erm, street, t	ictory, onic			28f. LOCATION (Street on City or Town, State)	d Number or R	lural Route Number,
COMPLETED								to the ceuse(e) and mann		use(s) and manner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. HAME AND ADDRESS OF PERSON WI	anel 1				29c. LICE D 4	OS .			SHED (Month, Day, Year)
	DR.MIRZA M. NUS.	AIREE, M.	D./795 AQU	JAHART	ROAI)/GLE	N BU	RNIE, MD.	21061	
	FEB 1 1 1992	32 DEGISTRA	s signature Widson-Rando	e.						

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l

1	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIENE REG. NO.							
	Annie.	mae Nels			2. DATE OF DEATH DAY	92	3. TIME OF DEATH					
0	8. SOCIAL SECURITY NUMBER 214-20-2327 De. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F 6. AGE (In yrs. la.	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 5-30-12	Count	5.0					
	Liberty Med	icul Center	Batt	OR LOCATION OF DE	AIN 9c.	COUNTY OF E	DEATN					
O B	00. STATE 10b. COUNT	Y	10c. CITY, TOWN OR LOCA	>			10d. INSIDE CITY LIMITS? 1 XYES 2 NO					
VERA	730 Ashk	Outen St 12. WAS DECEDENT EVER IN U.S. AF		21216		4.	S-A					
~ II.	Never Married 2 Married Widowed 4 Divorced	FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES	90 if yes, s	pecify Cuban, Maxicar S 2 NO Specify		14. RAC Blac Spec	E — American Indian, k, Whita, atc.					
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL OCCUPATI ive kind of work done during m . Do NOT use retired.)		16b. KIND OF BUSINES	S/INDUSTRY						
BEC	17. FATHER'S NAME (First, Middle, Lest) Clarke Ohver Chartotte David											
²	198. INFORMANT'S NAME (Type:Print) Grace Davis 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1701 Eutque Place 313 Ba HD, Md 21217 200. METHOD OF DISPOSITION											
1	1 Sturtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE 200. Division State 201. Sturtal 2 Cremation 3 Removal from State 201. Sturtal 2 C											
	► Is landense	Wars	yar	ch W25	walnih	Ave						
1	23. PART I. Enter the diseases or ehock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in death)	Elist only one ceuse on each line B. Due TO (OR AS A CONSE	DUENCE OF):		as cerdiec Dr respirator	y arreat,	Approximate Intervel Betwee Onset and Dec					
IFICATI	Sequentielly list conditione, f any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury het initiated eventa esuiting in death) LAST	DUE TO (OR AS A CONSEI C. Congestive DUE TO (OR AS A CONSEI d. Heart at	Heart F	ilure								
O -	PART II. Other significant condition			ng ceuse given in i	Part I. 24s. WAS AN AUTO		WERE AUTOPSY FINDING					
MEDI					1 TES 2 N	0	OF DEATH? 1 YES 2 NO					
Sic	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 V. Vingettant 2 ER/Outpatient 3	OTHER:	LACE OF DEATH (Che								
> II -	7. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED						
0	3 Suicide 6 Could not be 4 Homicide 6 determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, factory, offic	ea .	28f. LOCATION (Street and Nu City or Town, State)	mber or Rural F	Route Number,					
COMPLET	One) 1 CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, de ER: On the basis of examination and/or	ath occurred at the time, date	and place, and due t death occured at the t	to the cause(s) and manner at ime, data and place, and dua	stated, to the cause(s	a) and manner as stated.					
29 C	Db. SIGNATURE AND TITLE OF CERTIFIE	, physician	1	29c. LICENSE NUM D 3 8		DATE SIGNED	(Month, Day, Year)					
		cal Center,	Bultin	resse,	mp 1	121	5					
31	DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	winds a Brada DO									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending provided and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTR	AR		CERTIF	ICATE OF	DEATH	REG.	NO.		
1. DECEDENT'S	NAME (First, Middle, Last)				2. DATE OF DEAT	Н		3. TIME OF DEATH
JOHN		WOLF		NEWMAN		MONTH 02	06	YEAR	6:05 AM
4. SOCIAL SECU	RITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
058-09	-/·060A	1 🔀 M 2 🗆 F	8.3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea		Country	
	ME (If not institution, give	street and number)	03	SP CITY TOWN	OR LOCATION OF D	1 6-16-08			YORK
	VODEN ADMINISTRAÇÃO								AIN
NUKTH	AKUNDEL H	OSPITAL AS	SSOCIATION	GLEN	BURNTE			A.A.	COUNTY
NORTH RESIDENCE 104. STATE MARYLA	10b. COUN	TY	10c. CIT	TY, TOWN OR LOC	ATION				10d. INSIDE CITY
MARYLA	MARYLAND ANNE ARUNDEL MILLERSVILLE								LIMITS?
10e, STREET AN	MARYLAND ANNE ARUNDEL MILLERSVILLE 100. STREET AND NUMBER						I son CIT	TEN OF W	HAT COUNTRY?
/97 RD	AMPTON CT.								HAI COUNTRY
100. STREET AN 497 BR. 11. MARITAL STA		12 WAS DECEDENT	EVER IN U.S.ARMED	1 40 1110 04	21108			S.A.	
	led 2 Married	FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Maxic	NIC ORIGIN? (Specifi an, Puarto Rican, atc		14. RACE Black	— American Indian, , White, aic.
3 🗌 Widowed		IF YES, GIVE WA	R OR DATES	1 🗆 YE	S 2 NO Speci	ty:		Specif	
	15. DECEDENT'S ED	HICATION	I do . December			1			WHITE
	(Specify only highest grad	de completed)	(Give kind of	work done during n ise retired.)	iost of working	16b. KIND OF	BUSINESS/INC	DUSTRY	
Elementary/S	econdary (0-12)	College (1-4 or 5+)							
12		2 YEARS	SET'	LEMENT	CAR	MET	ROPOLIT	CAN L	IFE INS.
17. FATHER'S NA	ME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Me	iden Surname)		
SAMUEL	NEWMAN				TILLI	E GREI	EN		
19a. INFORMANT	'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
EVELYN	P. NEWMAN		497	BRAMPTON	CT. MIL	LERSVILLI	E, MD 2	21108	
20a. METHOD OI	F DISPOSITION	mount from Ca-a-	20b. PLACE AND DATE	OF DISPOSITION //			LOCATION -		
	5 Other (Specify)	mover from State	METRO CRI	other place) EMATORY	TNC.	B	ALTIMOR	OF M	D
21. SIGNATURE	OF FUNITIAL SERVICE L	CENSEE	T TABLETO OIL	22. NAME	ND ADDRESS OF F	ACILITY		LL . II	<u> </u>
•	101	1. 1/2				UNERAL HO			
- 0	LIX	pranie	caused the death. Do	1 5	ECOND AV	E. S.W. (GLEN BU	JRNIE	MD 21061
	ist conditions, to immediate UNDERLYING se or injury	b. vent	THE MAN A CONSEQUENCE OF AS A CONSEQUENCE OF A	n: from	illatio 2 inf	artion			
3		d							1
PART II. Other	algnificant condition	na contributing to d	eath but not resulting	in the underlyi	ng cause given in	Part I. 24a. WAI	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PART II. Other							S 2 DINO		AMILABLE PRIOR TO COMPLETION OF CAUSE
									OF DEATH?
25. WAS CASE RE	FERRED TO MEDICAL	T		26. [LACE OF DEATH (C)	hack ank one)			
EXAMINER?	13/10	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:					
25. WAS CASE RIEXAMINER? 1 YES 2 27. MANNER OF		26a. DATE OF IN				6 Other (Specify)			
1 Natural 2 Accident	5 Pending	(Month, Day,		JURY W	JURY AT ORK? YES 2 NO	20d. DESCRIBE HO	W INJURY OC	CURED	
	6 Could not be determined	28e. PLACE OF building, at	INJURY — At home, farm, ic. (Specify)	stree1, factory, off	ca	261. LOCATION (St. City or Yown, S	eet and Number tate)	or Rural Ro	oute Number,
3 Suicide 4 Homicid			y knowledge, death occur mination and/or investigation						and manner as stated,
296. SIGNATURE	AND TITLE OF CERTIFIC		2011	\	29c. LICENSE NU				(Month, Day, Year)
///	/	1 1 0	ferr		0000	F	7	11	172
20"	DDRESS OF PERSON W	HO COMPLETED CAUSE	DEATH (ITEM 27) (Type	o, Print)					
JAMES	J. BENJAM	IN, M.D./6	53 OLD MILI	ROAD/M	ILLERSVI	LLE, MARY	LAND 2	1108	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	s signature.	50					
	FEB 1	1 1992	June veridon	Howard					
			-						

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DHMH-16 Rev 1/89

director, page 5 should be detached for use as the bunal-transit permit, Pages 1, 2, 3 should

filled in by the funeral on, or removal.

ending physician and completely fille Hygiene prior to burial, cremation,

attending physician

been signed by the atte

certificate has been the State Dept. o

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REC	require
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A	he
	Ξ.
OF V	PHYSICIAN
Z	9
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
=	8
	SPITEL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2-5-92 NELLIE VENDELIA OUTTEN 7:10 a M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 220-24-3076 7-25-1927 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SOUARE HOSPITAL Baltimore ROSSVILLE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 - YES 2/X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 3109 BAYBRIAR ROAD 21222 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TYNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, stc.) 1 PES 2/CXNO Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Married 2XX Married BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) YEARS HOME MAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE WILLIAM FOMUND BAGENT ANNIE ELIZABETH BUFFINGTON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3109 BAYBRTAR ROAD BALTIMORE MARYLAND Pe 28s. METHOD OF DISPOSITION
1 A Burlat 2 Cremation 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE examiner must HOLLY HILL MEMORIAL 2-8-92 BALTIMORE, MARYLAND 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD medicai Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximeta interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition resulting in death) Sepsis traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Gangrene Left Leg CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING Peripheral Vascular Desease CAUSE (Diseese or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? shows any 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Пеш EXAMINER? HOSPITAL: OTHER: Nent 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED X Natural 5 Pending Investigation L DINECTOR: After the 2 hours after death w 1 YES 2 NO BY 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, lerm, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. O THE PUNETAL D THE WITH 72 IN LINE ORTANE II IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER 1399 2 192 15 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. William Stinnette, MD 9000 Franklin Square Drive, Baltimore, MD 32. REGISTRAR'S SIGNATURE wha Davidson-Randall FEB 1 0 1992



22200 58

T.C. BOA 13149, BALLIMONE, MANTLAND 21203-3140	INSICIAN: The law requires that the death certificate be executed within the curs after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should high the State Dept, of Health and Mental Hygiene prior to bunlat, cremation, or removal.	, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEOENT'S NAME (First, Middle, Last)	0 1	, 01	-11111	CATE	OF L	DEATH	REG. NO			3. TIME OF DEATH
Charles	(Olum	bu:	S	Pin	KI	NEV	2- 06-	MY C	YEAR	
4. SOCIAL SECURITY NUMBER	- /	E (In yrs. las	t birthday)	IF UNDER 1 Y	-	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN Counti	PLACE (State or For
216-16-4134	1 M 2 🗆 F	68	YRS.	MONTHS D	AYS I	HOURS MIN.	4-29	-23	Course	MD
9a. FACILITY NAME (If not institution, give	street and number)		0.7			LOCATION OF DI	EATH	9c. COU	NTY OF D	EATN
Sinai Hospital				Balt	imor	re				
10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	OCATIO	IN.				10d. INSIDE CITY
MD			Ва	Itimo:	re					LIMITS?
10e. STREET AND NUMBER					_	IP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
4713 Norwood Av	ve				21	207		US	A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVE FORCES? 1 \(\Delta\) YI IF YES, GIVE WAR OF	ES 2 N	IMED NO	11 y	es, spec	IDENT OF NISPAI Ify Cuban, Maxica NO Specif	NIC ORIGIN? (Specify Ye in, Puarto Rican, atc.) y:	e or No—	14. RACI Blac Spec	E — American India k, Whita, etc.
15. DECEOENT'S EDU	JCATION	16a. DE	CEOENT'S	USUAL OCCI	JPATION	4 41	16b. KIND OF BU	JSINESS/INC	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT u	work done duri se retired.)	ng most	of working	Feder	al Go	vern	ment
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
London Pinkney					Elizab	eth Dorse	Y			
19a. INFORMANT'S NAME (Type/Print)		19					Route Number, City or Tov			
Elizabeth Pinkr							saltimore.			
20p. METNOD OF DISPOSITION 1 4 Burlel 2 Cremetion 3 Re	noval from State	other pl	ace)			tery, crematory or		OCATION -		
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE .	Garr	ison	Fores	_	ADDRESS OF FA		ngs 1	Hila	MD.
* Charlen	e D. Br	Olin		Jos 191	seph 13 W	H. Bro J. Balti	wn Jr. P.A			
23. PART I. Enter the diseases, or shock, or heart failure	List only one cause or	sed the de	sth. Do	not enter th	e mode		h ss cardiac or resp	olratory an	rest,	Approxima
IMMEDIATE CAUSE (Final disease or condition	Acure	M	40 CF	ROIA	_	INFA	RETION			
IMMEDIATE CAUSE (Final	S. ACUTE DUE TO (OR A	· M	10 CF	ROIA	_	INFA	RETION			Interval Ba Onset and
iMMEDIATE CAUSE (Final disease or condition resulting in death)	S. ACUTE DUE TO (OR A CONG	· M	10 CF	ROIA	L	INFA	PLTION -AILURE			
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24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)

600 W- MOUN

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randall

OHMH-16 Rev 1/89

31. DATE FILEO (Month, Day, X FEB 1 1

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NG PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be refained by the hospital or attending physician. Iter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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L OR ATTENDING PHYS L DIRECTOR: After this of thours after death with tem 28 is marked
THE HOSPITAL OF THE FUNEFAL DISTRIBUTED OF THE PROPERTY. IF THE PROPERTY. IF THE PROPERTY.

	1 - FOR STATE OF MARYLA		ITMENT OF H		ND MENTAL HYGIEN	E	13660
	1. DECEDENT'S NAME (First, Middle, Last)	CENTIF	ICATE OF	DEATH			1
1						AY 4 YEA	3. TIME OF DEATH
					2 7	12	- 19 32 17 M
	217208420 14M 2006 6	yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	IRS. 7. DATE OF BIRTYN (Morth, Day, Year) 11-27-2	. C	Ountry) Md
OR	98. FACILITY NAME (If not institution, give etreet and number) ST AGNES HOSPITAL		BAL+	I MON		9c. COUNTY (DF DEATH
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY						
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	MOR	E		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1908 RAMSAY ST		101	ZIP CODE	1223		OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ecity Cuben, M	ISPANIC ORIGIN? (Specify Yelexicen, Puerto Ricen, etc.) Specify:		RACE — American Indian, Black, White, etc. Specify: White
03	15. DECEDENT'S EQUICATION	16a, DECEDENT'S	USUAL OCCUPATION	DN .	16b. KINO OF BU	SINESS/INOLISTS	
ETE	(Specify only highest grade completed)	(Give kind of life. Do NOT u	work done during mo	s) of working	IOU. AING OF BO	3111233/1110031/	"
1 2	Elementary/Secondary (0-12) College (1-4 or 5+)	Bank	Clerk				
COMPL	17. FATHER'S NAME (First, Middle, Last)	Detter	OTOTIL				
					'S NAME (First, Middle, Maiden		
BE	Clarence Feuchtenberger	and the second second second			ie Dahlweine		
ဥ	19e. INFORMANT'S NAME (Type/Print)				Rural Route Number, City or Tow)
	Clarence Feuchtenberger	1908	Ramsay S	t., Ba	lto., Md. 2	1223	
	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other(Specify)	PLACE AND DATE	of disposition (Na ther place) ge Memor	_{me of} ial Pa	21	kridge	
	21, SIGNATURE OF PUNETIAL SERVICE LICENSEE LOUPS	nen	Gary 5695	Main S	ıfman Funeral St., Elkridge	. Md.	21227
	23. PART I. Enter the diseases, or complications that caused	the death. Do	not enter tha mo	de of dying,	such as cardlec or resp	iratory arrest,	Approximate
	ehock, or haert fallire. List only one cause on aer IMMEDIATE CAUSE (Final disease or condition resulting in death)		line 2	0 6	Pneumon	a lA	interval Between Onset and Death
z	#10= (0 P)	CONSEQUENCE O	Pi: lung		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ 1/3	orela
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE O	F):			1 - 1-	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE O	F):				
	PART ii. Other aignificant conditions contributing to death bu	t not resulting	in the underlying	causa dive	o in Part I 24a WAS AN	Autropey	24b WEST AUTORSV PRIORICA
3	Och otral libellation	· ···ot roomang	the underlying	cause give	PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	W ALDA COLONIA				1 PES 2	! □ NO	COMPLETION OF CAUSE DF DEATH?
2	a Non a have !!!						1 YES 2 NO
z							
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEAT	H (Check only one)		
Si	1 YES 2 NO 1 ER/Outpet	Nent 3 🗆 DOA	OTHER: 4-16 Nursing Hom	e 5 🗌 Reside	ence 8 (Other (Specify)	1. Asu	es Hocorlas
PHYSICIAN: MEDICAL	27. MANNER OF DEATN 280. DATE OF INJURY (Month, Day, Year)	285. TIN	IE OF 28c. INJ		28d. DESCRIBE NOW	NJURY OCCURE	0
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY - building, etc. (Specific Country of the co	- At home, ferm,		-	281. LOCATION (Street City or Town, State)		rel Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the baet of my knowle						
8	One) 2 MEDICAL EXAMINER: On the basis of examination	end/or investigation	on, in my opinion, d	eath occured a	at the time, date and place, er	nd due to the ceu	use(s) end manner as stated.
WH THE	296. SIGNATURE AND TITLE OF CERTIFIER Taken Awhael			SI A	ENUMBER WS + 68246	29d. DATE SIG	NED (Month, Day, Year)

Agnes Hospital, Caton & Wilkens Avenues,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TAHERA ARMS HOSPI

St.

HEGISTRAR'S SIGNATURE

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	DECEDENT'S NAME (First, Middle, Last) SOCIAL SECURITY NUMBER	James	H . I	Purdy	1 YEAR IF UNDER 24 HRS.	Feb.6,1	992	3. TIME OF DEATH 7:44 A M BIRTHPLACE (State or Foreign
	547-36-4989	1 X XM 2 ☐ F	73	YRS. MONTHS	DAYS HOURS MIN.	10720719	918 P	emnsylvania
R O	North Arundel		1		n Burnie,		9c. COUNTY	of death · A . Co/
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland	10c. CITY, TOWN OR LOCATION Baltimore				ore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	106. STREET AND NUMBER 226 Greenland H	Beach Ro	ad		101. ZIP CODE 21226			of what country?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 17 IF YES, GIVE WAI	EVER IN U.S. ARME YES 2 NO R OR DATES	D 13.	WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Specify	can, Puarlo Rican, etc.)	a or No— 14	RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give		ccupation during most of working / Engineer	16b. KIND OF BU	124-20-02-02-02-02-02-02-02-02-02-02-02-02-	of Defense
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Walter	Α.	Purdy			NAME (First, Middle, Maider		Mac William
TO BE	19a, INFORMANT'S NAME (Type/Print)	А•	19b, A	AAILING ADDRES	S (Street and Number or Run	al Route Number, City or Tox		ide)
	Mrs Myrt.1e R. 20a METHOD OF DISPOSITION MAJORITHM 2 Cremation 3 Ram		20b. PLACE AN	ID DATE OF DIS	POSITION (Name	DATE 20c. L	OCATION — CIT	ore, MD. 21226 or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK		Ceda	ar Hil	L Cem. 2/ NAME AND ADDRESS OF Cully Fu	/10/92 Ba: FACILITY Ineral Ho	ltimor me of	e, Maryland Päsadena
170	Valences + to	lyrigh		3:	204 Mounta	ain Rd. Pa	asader	na, MD. 21122
	23. PART i. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	complications that List only one caus	e on eech line.		٠, ٨		piretory arrea	t, Approximate interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUE			whents		inelline
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	OR AS A CONSEQUE	ENCE OF):	otic Vas	w (cellis	cure	74800
EH	resulting in death) LAST	d			-			-
41	PART II. Other algnificent condition	s contributing to c	leeth but not res	ulting in the u	nderlying ceuse given		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	'Check only one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2			rsing Home 5 - Residence			
ву РН	27. MANNEB OF DEATH 1 Nsturel 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day	y, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW		
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF building, e	INJURY — At home tc. (Specify)	, farm, street, fa	atory, office	28f. LOCATION (Stree City or Town, State		Rural Route Number,
E								

3455 Wilkins Ave.

Suite

208

Jeffrey

Cole,M.D

1992

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randelle

OHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	į
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAI	TMEN	T OF H	DEAT	AND I	MENTA	L HYGIEN	E		,010
	1. DECEDENT'S NAME (First, Middle I	Kris	ten Jana						2. DATE	OF DEATH	2	rear :	1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	6	BIRTHPI Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution,	1 M 2 SAF	Neilm	YRS.					2	-5-92		Mar	yland
R	Mercy Hospital				96. CIT	b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH							Th
CTC	RESIDENCE OF DECEDEN	r				ват	LIMO	re					
DIRECTOR	Manay land			10c. CI1	Y, TOWN	OR LOCAT		anda	11st	OWN		1	Od. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Baltimo	re			Linu	. ZIP CODE			OWII			YES 2 XXNO
FUNERAL	3932 Nemo Road					101.	. ZIP CODE	211	33			S.	AT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	N? (Specify Yea			- American Indian, White, atc.
ВҰ	XX Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X	NO		1 YES	Cify Cubar	Specify	n, Puerto	Rican, stc.)		Specify:	
COMPLETED	15. DECEDENT'S (Specify only highest)	EDUCATION grade completed)	18e. DE	ECEDENT'S	USUAL O	CCUPATIO	ON .		166	. KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)	aunng mo:	st of workin	a					
MP	NA 17. FATHER'S NAME (First, Middle, Last	NA NA				-							
ö	Tharmon Percel									Middle, Malden :	Surname)		
BE (19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a				ber, City or Town	State 7/n Co	orde)	
5	Vernet Wilson	(Grandmoth								own, M			
	20e. METHOD OF DISPOSITION 1 Burlel 2 X X remetion 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE cemetery, cre Green	AND DATE	OF DISPOS	SITION (Na	me of		DAT	-	ATION — CIE		
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	Green	moun			OTY D ADDRES	S OF FAC	CHITY	ва	ltimo	re,	Ma.
	Myn HI	Meller			S	chim	unek	Fun	eral	Homes	, Inc.		
	23. PART i. Enter the diseases,	or complications tha	t caused the de	esth. Do i	ot anter	331 the mod	Breh	ns L	ane.	Balti	more.	Md.	21213
	ahock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Onset and Death											Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.												
CERTIF	that initiated events reaulting in death) LAST d												
CAL	PART II. Other significant condi	tions contributing to	death but not a	eaulting	n the un	derlying	cause g	iven in i	Part i.	24e. WAS AN A			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MED									_	1 TYES 2	PNO	0	OMPLETION OF CAUSE F DEATH? VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ck only on	e)			
IXSI	1 TYES 2 THO	1 □ Anpatlant 2 □		□ DOA	OTHER 4 Nun		5 🗆 Res	idenca (6 🗆 Other	r (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIM INJ	E OF URY	28c. INJU WOF	HK?		28d. DE\$	CRIBE HOW IN	JURY OCCUR	ED	
BÁ	2 Accident Investigati	26e PLACE OF	F INJURY — At ho	me, ferm. s	dreet, fact		ES 2 [NO	201 1.00	ATION (Street ar	al 86	2 1	
H I	4 Homicide 6 Could not datarmine		atc. (Specify)						City	or Town, State)	d Number or	riuriii rioul	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 CERTIFYING PI	HYSICIAN: To the beat of an MINER: On the beats of an	my knowledge, de temination and/or i	ath occurre	nd at the ti	ime, data i pinion, de	and place, eath occure	and due t	to the cau	se(a) end manr and place, and	due to the c	ause(s) ac	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERT						29c. LICE	SE NUM	BER		29d. DATE SI	GNED (M	onth, Day, Year)
2	30 NAME AND ADDRESS OF THE PARTY OF THE PART	1 mil					0	-26	-14	6	12	7-	92.
	30. NAME AND ADDRESS OF PERSON	CIND Ses	SE OF DEATH (ITE	1 27) (Type,	Print)	i Li	4	KI	1.	Bolo	ch	1 -	1207
	31. DATE FILED (Month, Dey, Year) FEB 1	1 1992 PEQUETRA	RY SIGNATURE	n-M	ndaliz.		V			<i>u</i>		N	- L

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ear rours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Fir	st, Middle, Last)						2. OATE OF D	DEATH	YEAR	3. TIME OF DEATH	
Nan	_		ington	Per			2	9	92	8:40 a M	
4. SOCIAL SECURITY NUM 214-30-4		5. SEX 1 M 2 XF	6. AGE (In yrs. last bi	YRS. IF UNDER	DAYS	HOURS MIN.	7. DATE OF B (Month, Da) 7 1		Cour	THPLACE (State or Foreign ntry) Aryland	
9a, FACILITY NAME (If not Broadm	ead	itreet and number)			Sb. CITY, TOWN OR LOCATION OF DEATH Cockeysville Baltim						
Broadm RESIDENCE OF DE 10e. STATE Maryland 10e. STREET AND NUMBE 13801 Y 11. MARITAL STATUS	10b. COUNT	, ltimore		Cocke				10d. INSIDE CITY LIMITS? 1 YES 2 X			
100. STREET AND NUMBE 13801 Y		oad				21030	100	10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Dr	Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES	13.	f yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2X NO Specif	Bla	14. RACE — American Indian, Black, White, stc. Specify: White			
(Specify of Elementary/Secondary			(Give life. Do	kind of work done o NOT use retired.)							
John	Fif	e	Symingto			18. MOTHER'S NA	lla	H	amble	eton	
Oliver P						and Number or Rural Oak Blv				lif. 91105	
4 🗆 Donation 5 🗀 Oth	20s. METHOD OF DISPOSITION 1										
1 Edis	m	1. Cen	kins	, н	ENR	Y W. JE				BALTO, MD.	
23. PART I, Enter the ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)	haart fallure.	List only ons cs	let caused the deet huse on each line. Letatic O (OR AS A CONSEOU	ada		Mangaret	-	100	ery arrest,	Approximate Interval Batweer Onset and Death	
if any, leading to imm cause. Enter UNDERI CAUSE (Disease or in thet initieted events											
PART II. Other signific	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING.										
	PART II. Other significent conditions contributing to death but not resulting							PERFORMED	27	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient 3 ☐	OTHE	R:	LACE OF OEATH (Co		neoff il			
27. MANNER OF DEATH 1 Netural 8 [2 Accident	Pending Investigation	28a. DATE C (Month,		26b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO	1	IBE HOW INJUI	RY OCCURED		
D Outotele	Could not be determined	28e. PLACE	OF INJURY — At home g, etc. (Specify)	e, farm, street, fec	tory, offi	CM		ON (Street and Pown, State)	Number or Run	al Route Number,	
e la const		-	of my knowledge, death							e(s) and manner as stated.	
296. SIGNATURE AND TIT	Mal	to	nez	no		29c. LICENSE NU	3450	29	d. DATE SIGN	ED (Month) Day, Year)	
				27) (Type, Print)					1		
FEB 1 1	992 2	Julia David	HAR'S SCHALLESON								

31. DATE FILED (Month, Day, Year)

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State Dept. of He	lier

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	1 - FOR STATE REGISTRAR	STATE OF MA		DEPART					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	_
	EDWARD T	HOMAS		P	ROV	ENZA			02)9 YEAR		8:05 PM	M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les	7,		R 1 YEAR	IF UNDER			OF BIRTH	8. BIRT		PLACE (State or Foreign	_
	213-26-7055	1 🙀 M 2 🗆 F	62	YRS.	NONTHE	DAYE	HOURS	MIN.		(Month, Day, Year) Cou 02 12 1929 MA			" LAND	
	Se. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DI		12 1.		TY OF DE		_
S	NORTH ARUNDEL HO	SPITAL AS	SOCTAT	TON		GLEN	RIIRN	TE				Λ Λ	COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	01 111111 1110	COOLIII					1111				$\Lambda \bullet \Lambda \bullet$	COUNTY	
8	10a. STATE 10b. COUNTY			10c. CITY,	TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
0		ARUNDEL		GL	EN	BURN	IE						1 TYES 2 NO	
34	10e. STREET AND NUMBER					101.	ZIP CODE	Ē			10g. CITIZ	EN OF W	HAT COUNTRY?	Т
FUNERAL	7847 AMERICANA CIR						2106					U.S.	Α.	
F	11. MARITAL STATUS 1 ☐ Never Married 2 🏋 Married	12. WAS DECEDENT E	VER IN U.S. AF	RMED	13.	WAS DEC	ENDENT O	F HISPAI	VIC ORIGI	N? (Specify Ye Rican, etc.)	a or No-	14. RACE	- American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES				2 📉 NO			riican, etc.)		Specif	V:	
	15. DECEDENT'S EDUC		KOREAN					_		-			WHITE	
COMPLETED	(Specify only highest grade of	completed)	16a. DE	CEDENT'S U	rk done	during mos	N st of workin	g	161	. KIND OF BU	SINESS/INO	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)			100.0					0117 05				
N N	THE WELDER								_	CME ST				_
ၓ	TOCHEN C. PROUDING C.													
BE	JOSEPH C. PROVENZA, SR. MYRTLE M. 190. INFORMANT'S NAME (Non-Print)													_
2	196. INFORMANT'S NAME (Type/Print) 196. MARILYN T. PROVENZA 197. MARILYN T. PROVENZA 198. MARILYN T. PROVENZA 198. MARILYN T. PROVENZA 198. MARILYN T. PROVENZA 198. MARILYN T. PROVENZA 198. MARILYN T. PROVENZA 198. MARILYN T. PROVENZA													
	20a. METHOD OF DISPOSITION	A	T 201 24 1 22			_		LRCL		_				_
	1 Burial 2 Cremation 3 Remo	val from Stata	cemetery, cre	AND DATE OF ematory or other	er place)	me of		OAT		CATION —			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	METRO	CREMA		NAME AN	n Annoes	S OF FA	2-1	0 CA	CONSV.	LLLE	, MD	_
	1 1145	4								HOME				
_	- ozywal				1	SEC	OND.	AVE	. S.	W. GLE	N BUR	NIE.	MD 21061	
	23. PART i. Enter the diseases, or co	omplicatione that c	eused the de	eth. Do no	t ente	r the mo	de of dyl	ng, suc	h ne cer	dlec or reep	iratory arm	st,	Approximata	_
	IMMEDIATE CAUSE (Final Onset a)											Onset and Dae		
	disease or condition resulting in death)	dav	ancel	1 /6	an	crea	Til	6	inco	1			5 mont	L
		DUE TO (O	R AS A CONSE	OUENCE OF):										
Z	Samuentielly list assettings b													
Ĕ	Sequentially list conditions, If any, lasding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury													
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE OF):										
5	d													
- 1	PART II. Other significant conditions	contributing to de	eth but not r	esuiting in	the u	nderlying	Cause g	iven in	Part I.	24a. WAS AN	AUTOPSY /	24b.	WERE AUTOPSY FINDING	19
PHYSICIAN: MEDICAL	Rectal	Bleed	ing.							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
			1						_	1 TYES	5 □NO		OF DEATH?	
2									Withdrale .				1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL					20.04	ACE OF DE	FATH OOL						
S		HOSPITAL:	70.4.4.4		OTHE	R:								-
Ĭ	27. MANNED-OF DEATH	28a. OATE OF IN		26b. TIME		rsing Home		sidenca		SCRIBE HOW	N HERV OCC	UBSO		_
	1 Natural 5 Pending	(Month, Day,		INJUI	RY M	WO	RK7	1 NO	200. DE	SCHIBE HOW	MJUHY OCC	UHEU		
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF I	NJURY At ho	me, ferm, str	eet fac			, 140	264 1 00	ATION (Street	and Number	or Down! Do	and Alexander	_
	4 Homicide 6 Could not be	building, ato	(Specify)			,			City	or Town, State		o nunti Pic	ulo rumost,	
	29a. CERTIFIER		C12 U- 12											
COMPLETED	(Check only	AN: To the best of my												
8	2 MEDICAL EXAMINER	. OIL THE DESIG OF SXST	ministron and/or	investigation,	in my	opinion, de	eath occur	ed at the	time, deta	and place, as	d dua to the	Cause(a)	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1	1			[29c, LICE	NSE NU	IBER				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO			W			1	209	43		> 2	-10	-92	

DR.LONG S. HSU, M.D./300 HOSPITAL DRIVE/GLEN BURNIE, MD. 21061

32. REGISTRAR'S SUNATURE 1992 Juna Davidson-Randall

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at none. the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	hedisinan OEMIII	DAIL OF BLATTI	HEG. NO.	
	1. OECEOENT'S NAME (First, Middle, Lest)	14.1		SAR 1000 OEATH
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. leet birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	3/4-14-3-73 / 1 M 2 WF /74 YRS.		8-20-17	M
œ	90. FACILITY NAME (If not institution, give street and number) Anne Anindel General	9b. CITY, TOWN OR LOCATION OF DE	SATN 9c. COUNTY	OF DEATH
ဦ၂	RESIDENCE OF DECEDENT	HIMHTONS	Phile	HILIEU
DIRECTOR	MD OUCE AME SHO	EVENSUITE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100-STREET AND NUMBER	2166/	10g. CITIZEN	OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics	NIC ORIGIN? (Specify Yes or No— 14.	RACE — American Indian, Black, White, etc.
B	3 Wildowed 4 Divorced	1 VES 2 NO Specif		Specify: WhitE
E	(Specify only highest grade completed) (Give kind of w	SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)			
S	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
B	190, INFORMANT'S NAME (Type/Sign) 190, MAILING	ADDRESS (Street and Murrhay or Brand	Route Number, City or Town, State, Zip Co	JSK,
2	KAtherine Colbury Po. B.	0x 232 Stee	persuille Md	21666
	206. METNOD OF DISPOSITION 1	OF DISPOSITION (Name or other place) RIDGE CEM	210 EIKRIC	OF MO.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	EBER Fune	MA HOME
	Kathleen Willer	5311 EDn	DANDSON AUE	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do no shock, or heart failure. List only one cause on each line.	ot enter the mode of dying, suc	th ae cardiac or reapiratory arres	t, Approximate interval Between Onset and Deeth
	immediate cause (Final disease or condition resulting in death)			Days
	DUE TO (OR AS A CONSEQUENCE OF):		Di
S O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF	<u> </u>		1/244
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury			
CERTIFICATION	that initiated events resulting in death) LAST	:		
ä	d			
EDICAL	PART II. Other significant conditions contributing to death but not resulting in	tha undarlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Coronary artiry defeas	66	1 YES 2 NO	OF DEATH?
Σ	thistory of chemrovasen		nct	1 123 2 100
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C	neck only one)	•
ız	27. MANNER OF GEATH 26s. DATE OF INJURY 26b. TIME	4 Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUR	RED
ВУ Р	1 V Netural 6 Pending (Month, Day, Year) INJI 2 Accident Investigation			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, s building, atc. (Specify)	reet, factory, office	26f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation			
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU		SIGNEO (Month, Day, Year)
TO B	angela Celle mis	741	4-19 Feb	Mary 1, 1992
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM/27) (Typo. Angula Calle MT) 1468 1		Annapolis	MJ 21401
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Sevidrum Randock	Ú	
	1992 Julia	AND THE RESERVE TO THE PARTY OF		

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JUNISION OF VITAL RECORDS, P.O. BOX 68760,	TO HE CONTINUE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO TO STATE OF After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be minimizen to removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF N	/MARYLAND CI	DEPAR	RTMENT	OF H	IEALTH DEA	AND	MENTA	L HYGIEN		5 (- 036/
	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN PURA				102111				2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEATH
									MONT	2 4	4	72	1250 PM
	4. SOCIAL SECURITY NUMBER 217070615	5. SEX	6. AGE (In yrs. les	birthday) 9 YRS.	MONTHS	DAYS	HOURS	R 24 HRS. MIN.	(Mont	OF BIRTH h. Day, Year) 7-1902	,	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st	reet end number)		7	9b. CITY	TOWN	OR LOCAT	ION OF DE	_	1-1902	_		
DIRECTOR	CHURCH HOSPITI		ORATIO	N				E C			Sc. COU	NTY OF DE	AIH
입	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
		BALTIMORE	=				- 44		MIL	LERS 1	SLAN	0	LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	ZIP COO	E			10g. CITI	ZEN OF W	HAT COUNTRY?
剪	2812 12TH STREET							212	19			u.s	S.A.
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR		13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN	1? (Specify Yas	or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married 2 Married **Widowed 4 Divorced	IF YES, GIVE W					2 10			Rican, etc.)		Specify	,
	1												WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	ive kind of	Work done	CCUPATIO during mo	ON at of worki	ng	18b	. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+) Mrs.	Do NOT u		211-		_				_	
Ž	4TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A			H	OME	MAKE				HOM	E	
										Middle, Maiden	,		
BE	VICTOR USTACH 19a. INFORMANT'S NAME (Type/Print)									NOCHOU			
입										ber, City or Tow			
	JOSEPH PURAL				<u> 12TH</u>			MIL	LEKS				ND 21219
	20a METHOD OF DISPOSITION XX Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	eval from State	206. PLACE A cemetery, cre SACRE	malory or o	Aba-ala-1			0=1	DATI		CATION - (
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE A	SACKE	V HE		JF J	ESUS	SS OF FA	. 2/	7 BAL	TIMOL	RE, N	IARYLAND
- 1	-/10 0 h	74	.//		1 22.	DUDA	-RUC	K FU	NERA	L HOME	OF 1	DUNDA	LK INC.
_	Chal'N	- Tre	4		'	7922	WIS	E AV	ENUE	DUN	DALK	MD	21222
	23. PART I. Enter the diseases, or cahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	. Sy	caused the de se on each line	•		the mod	de of dy	ing, auci	h aa card	flac or reapi	ratory arm	est,	Approximate interval Between Onset and Desth
HILICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST				,.								
S	DARK II ONL - II III												1
: MEDICAL	PART II. Other algnificant conditions	contributing to	death but not re	esulting	in the un	derlying	cause (given in I	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS WALLABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				·····	28 D	ACE OF S	EATU 707	ck only on	-)		1	
3		HOSPITAL:	ED/Outpetlant 2	_ no.	OTHER	t:							
Ē	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	-	28c. INJU	_	aldenca	8 Other				
4	1 Natural 5 Pending Investigation	(Month, Da			URY	WOF		NO	280. DES	CRIBE HOW II	IJUHY OCC	URED	
	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF	INJURY — At hor	na, farm, s	treet, facto				28f. LOC/	ATION (Street a	nd Number	or Burnt Box	the Mambar
	4 Homicide datesmined	building, a	itc. (Specify)						Cify o	or Town, State)	na romosi (or rioral rior	no number,
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of r	my knowladge, dea amination and/or in	nth occurre	nd at the ti	me, date o	end place, isth occur	and dua	fo the ceu	se(a) end man	ner as state	d. ceuse(s) :	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1 1	C .	10 -			29c LICE	NSE NUM	BER		29d. DATE	SIGNED (A	Aonth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	· prece	ali.	4		D	203	56		> C	22-	04-92
	N. MAVARI	20 100	N. 1	Sis (MPO)	O-ele	va	1	150	rep	. MO	2	123	5/
	31. DATE FEB 01 1 0 1992	file Diw	SHEIGHTING UC	علاله									

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR			<u> </u>	ICATE	01 6		**	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last		ELEAN			NN			2. DATE OF DEATH DO NONTH DEED . 9	, 19	YEAR 92	3. TIME OF DEATH 9.30 A
	4. SOCIAL SECURITY NUMBER 220-01-3055	5. SEX	6. AGE (In yrs. I				F UNDER	MIN.	T. DATE OF BIRTH (Month, Day, Year) EB • 29,1	020	Countr	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH							
OR OR	5703 THE AL				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE							EATH
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV		1 40 - 017								10d. INSIDE CITY
DIRECTOR	MD.			10c. CITY, TOWN OR LOCATION BALTIMORE					E			
4	10e. STREET AND NUMBER					10f. Z	IP COOE			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	5703 THE AL.	AMEDA						21:	239		U.S	S.A.
13	11. MARITAL STATUS	12. WAS DECEDEN							ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	MO	If yes, specify Cuben, Maxican, Pu							WHITE
	15. OECEDENT'S ED		16a. C	DECEOENT'S	USUAL OCCL	PATION			16b. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	- 4	(Give kind of i ife. Do NOT u	work done duri se retired.)	of workin	g	II S C	OV 1.77	(T	EGAL DEPT.	
굽	12		"	SE	SECRETARY					OV I	(1)	EGAL DEFI.
8	17. FATHER'S NAME (First, Middle, Last)					_	6. MOTH	FR'S NAME	(First, Middle, Maiden	Sumama)		
	WILLIAM OUINN					- 1			TE TAYL			
BE	19e. INFORMANT'S NAME (Type/Print)		Т.	Ob M411 010	AAAAA AA							-
2			- 1						ute Number, City or Tow			01000
1	KATHERINE OUI	NN			THE			DΑ	BALTIM			
	29a. METHOD OF OISPOSITION 1 1 Durial 2 Cremetion 3 Rei 4 Donetion 5 Other (Specify)	noval from State	206. PLACE cometery, c MORE	TAND DATE OF THE LAND	of DISPOSITION (ther place) MENC	N (Name	AL	PK.	2/12 BA	CATION —	ORE	wn, Stata , MD • 21234
1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NA	AE AND	AOORES	S OF FACIL	JTY 4905 T	ORK	ROZ	AD 21212
	► R.A. B.	iti										BALTO, MD.
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):											
B	d											
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the un							Ivan in Pa	PERFORMED? 1 VES 2 NO OF D			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:	8. PLAC	E OF DE	EATH (Check	conty one)			
YS	1 TYES 2 THO	1 Inpetlant 2				Home	5 H Re		Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		265. TIM	URY	WORK	?		ed. DESCRIBE HOW I	NJURY OC	CURED	
0	3 Suicide 6 Could not be detarmined	28e. PLACE O building,	of INJURY — At h	home, farm,	street, factory,	office		2	8t. LOCATION (Street City or Town, State)	and Number	or Rural A	loute Number,
COMPLET		SICIAN: To the best of ER: On the beele of e) end manner ae stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	- 11	ndey, n	m		2		NSE NUMBER			E SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W NEAL M. FRIE		SE OF OEATH (IT)	_	- 1	01	ST	PAI	UL PLAC	El.		21202 TO,MD.
	31. DATE FILEO (Month, Day, Year) FEB 1 1 1992	:32 REGISTRA	door Hong									



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IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	7	×
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND N	MENTAL HYGIEN	E	03676			
	1. DECEDENT'S NAME (First, Middle, Last)	Gertrude	F. Re	inhart		Peb. 7,	1992 ^{**}	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-18-0284	1 □ M 2XXF 68	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/29/19	923	BIRTHPLACE (State or Foreign Country) Maryland			
TOR	90. FACILITY NAME (If not institution, give a 1241 Sargeant S		ence)	Balti	MOPE	ATH	9c. COUNTY OF DEATH				
RAL DIRECTOR	106. STATE 106. COUNT Maryland NA	Y		altimore				10d. INSIDE CITY LIMITS? 1XXYES 2 \(\) NO			
FUNERAL	100. STREET AND NUMBER 1241 Sargeant	St.,		101	21223			OF WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XXIO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:	C ORIGIN? (Specify Yes, Puarto Rican, atc.)	se or No.— 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th Grade	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us Bookbi		DN st of working		usiness/industry Craft, Inc.				
BE CO	17. FATHER'S NAME (First, Middle, Last) George	Kidwell			18. MOTHER'S NAM	LeBon	surname) Kidwel	1			
10	190. INFORMANT'S NAME (Type/Print) Mrs. Patricia S	mith	19b. MAILING 1930	Parksle	nd Number or Rural Ru	Baltimore	n, State, Zip Cod Md .	21230			
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ram Donation 6 Other (Specify)	oval from State 20b.	PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c LO	CATION - City	or Town, Stata ie, Maryland			
	21. BIDNATURE OF JUNERAL SERVICE LIC	Kevin E	. Ecker	McCul 237 E	ly Funer 1y Funer Pataps	al Home of co Ave., E	f Brook Balto.,	lyn Md. 21225			
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pubu SL DUE TO (OR AS A DUE TO YOR AS A C. MILLIAM	CONSEQUENCE OF	kenyd j	Johns - Lunes	J-	recory arrest,	Approximata interval Between Onset and Desti			
MEDICAL	PART II. Other aignificant condition	art I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO										
BY PH	27. MANNER OF DEATH 100 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	M 1 Y	JRY AT RK? ES 2 1 NO	28d. DESCRIBE HOW IN	JURY OCCURE	ED .			
ETED	4 Homicide detarmined	3 Suicide 4 Homicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, aic. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, aic. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, aic. (Specify)									
COMPLETED	Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	edga, death occurre and/or investigation	d at the time, data n, in my opinion, de	and place, and due to eath occured at the til	o line cause(s) and man	ner as stated. If due to the cau	use(s) and manner as stated,			
O BE	29b. SIGNATURE AND TITLE OF CENTIFIER	Cleevers	20		29c, LICENSE NUMB			aned (Month, Day, Year) $-8 - 52$			
=	Dr. Louis J.	O COMPLETED CAUSE OF DEA	TH (I KEM 27) (Type, Univ.	of Md. F				o., Md. 21201			
e V	31. DATE FILED (Month, Day, Year) FFR 1 1 1992	932, REGISTRAR'S SIGNA	jandell								

4. SOCIAL SECURITY NUMBER

214-20.5325

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street and number)

PENINSULA GENERAL HOSPITAL

10b. COUNTY

18c. CITY, TOWN OR LOCATION

ROBERTSON Robertson

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

SALISBURY

8. BIRTHPLACE (State or Foreign

9c. COUNTY OF DEATH

WICOMICO

10g. CITIZEN OF WHAT COUNTRY?

USA

Maryland

10d. INSIDE CITY

14. RACE — American Indien, Black, White, etc.

Gannon

1 YES 2 X NO

White

21225

interval Between

Onset and Death

mon the

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 THE

2. DATE OF DEATH

February

7. DATE OF BIRTH

4/6/1926

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that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	ely	natic	
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ATTENDING PHYSICIAN	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	dea	
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

DIRECTOR Wicomico Willards Maryland | FUNERAL 10s. STREET AND NUMBER 10f ZIP CODE 162 D-2 West Holland Road, 21874 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 Never Merried 2XX Married ВУ 1 TES 2X XNO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 9th Grade Homemaker Housewife once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew Robert Gannon notified at Helen Ethel Linderman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Charles Robt. Thommen 423 Meadow Rd., Baltimore, Md. pe 20a. METHOD OF DISPOSITION
1 XI Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Glen Haven Memorial Park ■ □ Connection 8 □ Other (Specify) Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. Ecker medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, should, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final the diseese or condition -IVer resulting in deeth) event. Injury, or other traumatic CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not recuiting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? апу 1 YES 2 NO Shows : PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item OTHER: 1 | YES 2 10 NO 1 1 mpatient 2 ER/Outpatient 3 DOA FECTOR: After this certifically after death with the St m 28 Is marked, or It 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED 8 Could not be determined 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE TO THE BE FIND THE IN THE IN 2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as steled. 29b. SIGNATURE AND TITLE OF CERTIFIER **BE** 3678 2 SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PGHMC nerTon 32. DEGISTRAR'S SIGNATURE wha Davidson 1992

REGINA

6. AGE (in yrs. last birthday)

65

5. SEX

1 🗌 M 2 💢 F

DHMH-18 Rev 1/89

DHMH-18 Flev 1/89

BALTIMORE, MARYLAND 21215-0020	SPTAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. RERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) THERESA	CERTIFICATE OF DEATH C. RIGGIN				2. DATE OF DEATH MONTH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2/5 - 46 - 6 498 98. FACILITY NAME /// cold institution who	5. SEX 6. AGE	(In yrs. last birthday) YRS.	SF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland	
DIRECTOR	Harbor Hospita	98. FACILITY NAME (If not institution, give street end number) Harbor Hospital Center Balto.City, Md.							
	Maryland -	ry 		y, town or local lto.Ci	ty,Md.			10d. INSIDE CITY LIMITS? XXYES 2 \(\square\) NO	
FUNERAL	1602 Jackson				21230		U	N OF WHAT COUNTRY?	
B	1 Never Married 2 Married 3x Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES	2 NO	If yes, sp	CENDENT OF HISPA ecity Cuben, Mexic 2 XNO Speci	NIC ORIGIN? (Specify) en, Puerto Rican, etc.) fly:	es or No—	Bleck, White, etc. Specify: White	
COMPLETED	15. DECEOENT'S EOI (Specify only highest grad Elementary/Secondary (0-12) 5th.Grade	JCATION e completed) College (1-4 or 5+)	(Give kind of a life, Do NOT us	_	ON est of working		USINESS/INDUS		
OMF	17. FATHER'S NAME (First, Middle, Last)		ПОШ	emaker	IN MOTHERIC N		n Home		
BE C	Georg	e	Kusel		Ida		Hoi	fmanyl	
examiner must be notified at once. TO BE COM	Marguerite M.H		1602	Jackso	on St.B	Aoute Number, City or Ralto.Md.	21230		
er must	1 X Buriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donetion 5 ☐ Other (Specify)	noval from State	netery cremetory or a	tional	Cemete	ry2/13 E		City, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 MCCully Funeral Home, 130 E. Fort Ave.								
c event, the medical	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Coronary	d the death. Do nech line.	y Dis	rease			t, Approximats Interval Between Onset and Death	
snows any injury, or other traumatic : MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. C. C. C. C. C. C. C. C. C. C. C. C. C								
	PART II. Other algorificant condition	ns contributing to death b	out not resulting i	n the underlying	g cause given in	Part I. 24a, WAS A PERFC 1 YES	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO								
PH ed.	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Mear)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
B a	Suicide Pending Investigation	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, a	L M 1 V	ES 2 NO	28f. LOCATION (Street	end Number or i	Rural Route Number,	
COMPLETED	4 Homicide determined City or Town, Stete)								
COMF	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end memor se attated. Check only one CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end memor se attated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end memor se attated.								
TO BE	201. SIGNATURE AND TITLE OF CENTRY	Jardon m	D-House	Office	29c. LICENSE NUI	MBER	29d. DATE SI	09/9 2	
4	AS MANE AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Prig) 3.54 5 HERONCY St. BARBOR HUSPITAL CHY BALT. HD 21230								
	31. DATE FILED. (Month, Day, Year) - FFR 1 1 1992	32. REGISTRAR'S SIGN	Pandell.						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

111992

" SINIE		PARTMENT OF HEALTH AND		92 0367			
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CEHI	IFICATE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
		MONTHS DAVE HOUSE MIN	Month, Day, Year) 5-24-1910 DEATH 9c. COUNT	DESTRIPPLACE (State or Foreign Country) YOF DEATH			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. STREET AND NUMBER 10c. STREET AND NUMBER		CITY, TOWN OR LOCATION BALLOW 101. ZIP CODE 101. ZIP CODE 2 1 2 1 2 0 13. WAS DECENDENT OF HISPH If yes, specify Cuban, Maxic 1 YES 2 1 NO Spec	MNIC ORIGIN? (Specify Yas or No.— 1	10d. INSIDE CITY LIMITS? 1 Des 2 No EN OF WHAT COUNTRY? 4. RACE — American Indian, Black, Whita, etc. Specify			
15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 16e. DECEDE (Give kin life. Do N	NT'S USUAL OCCUPATION of of work done during most of working OT use retired.) Memaker	16b. KIND OF BUSINESS/INDU	STRY			
17. FATHER'S NAME (First, Middle, Lest) 199-INFORMANT'S NAME (Type/Print) 20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donetton 5 Other (Specify)	1 from State 20b. PLACE OF place of pla	LUCS ILING ADDRESS (Syreet and Number or Pure OUF MAdiso	AME (First, Middle, Meigen Surname) I Route Number, City or Town, State, Zip Co. 20c. LOCATION — CI BALLO AMERICAN AMERIC	Set 15 Ind 21300 by or Towy, State , W, MM Al Home			
23. FART L Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	plicatione that caused the death. t only one cause on each line. Perferated DUE TO (OR AS A CONSEQUEN	bowe /	ich ee cerdiec or respiretory arre	at, Approximete Interval Batwean Onset and Death 3 hows			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEQUEN						
PART II. Other eignificant conditions of Large intrac	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WNO							
27. MANNER-OF DEATH 1 Neturet 5 Pending Investigation 3 Suicide 6 Could not be determined 28a. DATE OF INJURY (Monjh, Day; Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURE (Monjh, Day; Year) M 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURE (Monjh, Day; Year) 28d. DEŞCRIBE HOW INJURY OCCURE (Monjh, Day; Year) 28d. DEŞCRIBE HOW INJURY OCCURE (Monjh, Day; Year) 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURE (Monjh, Day; Year) 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURE (Monjh, Day; Year) 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURE							
29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. BICHATURE/AND TITLE OF CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

NG PHYSICIAN: The law requires that the death certificate be executed within zeroours after death. Page 6 may be retained by the hospital or attending physician.	figure this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should have the State Debt, or Health and Mental Hydiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requ	TO THE FUNERAL DIRECTOR: After this certificate has been and the find attributes after death with the State Dest. of the	IMPORTANT: If them 28 is marked, or item 23 short

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	_ 00000		
	1. DECEDENT'S NAME (First, Middle, Last)	1 SI	mmon	5	2. DATE OF DEATH MONTH DAY	92 5:30 M		
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-24-9420	1 🗆 M 2 🗹 F	65 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 11-24-26	's. BIRTHPLACE (State or Foreign Country) Md .		
		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN BALTIMORE						
	10a. STATE 10b. COUNT	Y	BALTIN		10d. INSIDE CITY LIMITS? 1 (X) YES 2 □ NO			
VERAL	1645 N. CALHOUN	ST. APT108	. APT108 101. ZIP CODE 2121			U.S.A.		
BE COMPLETED BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	3. WAS DECENDENT OF NISPA If yes, specify Cuban, Mexic 1 VES 2 NO Speci		- 14. RACE — American Indian, Black, Whita, etc. Specify: BLACK		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working	GOUCHER CO	/INOUSTRY		
SE CO	17. FATHER'S NAME (First, Middle, Last) ROBERT GAINES				AME (First, Middle, Malden Surnam SIVALES	16)		
10	199. INFORMANT'S NAME (Type/Print) EDITH BEANE		2033 N.	FULTON AVE./	BALTIMORE, MD			
	20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	v C	SHELL MEM.		BALTIN	4 - City or Town, Stata MORE, MD		
	21. SIGNATURE OF FUNCIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE							
NC	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions,	e. Due to (or as a	CONSEQUENCE OF):	n Cen A	Eso phagu	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant condition	na contributing to death be	ut not resulting in the	underlying ceuse given is	Part I. 24a: WAS AN AUTOR PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)							
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	26d. OESCRIBE HOW INJURY	OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	E OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
TO BE C	296: SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) PC 6 92							
_	45KANHEND 1	OCOMPLETED GUISE OF DE	ATH (ITEM 27) (Type, Print)) - 83 last	Horas ARV	16 21216		
	S1. DATE FILED (Month, Day, Year) FEB I I 1992	32. REGISTRAR'S SIGN.	ATURE					

REG NO

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

3. TIME OF DEATN Stansbury FE 6 useph G. Sr. 16.2 4. SOCIAL SECURITY NUMBER B. AGE (In yes. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1\Z M 2 □ F 215-24-2276 MONTHS DAYS HOURS MIN Maryland 03/03/ permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Balto.City, Md. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City, Md. XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 1228 Sareant St. 21230 USA after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TWO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Merried BY White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) 6th. Grade College (1-4 or 5+) None Huckster Own 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at James G. Stansbury Mildred BE Horlocker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Josephine M. Jahnigen 757 Nesa Rd.Millersville,Md.21108 Pe 20a. METHOD OF DISPOSITION
1 Street 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE Glen Haven Mem, Park 2/10 Glen Burnie, A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home, 130 E. Fort Ave medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, attending physician and completely filled in by a **Approximate** ahock, or heart failure. Liet only one cause on each line. 1 JO Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition ardiac event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic QUE TO JOR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Spare or other signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST undetermineu ossible etiolog PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS shows any PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? uneumonia 1 YES 2 NO this certificate has been with the State Dept. of I 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
(V Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 6 me 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJUR Natural 5 Pending BY DIRECTOR: After the hours after death a 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28 Is COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide THE FUNERAL DIRECT
Thin 72 hours a OPTANT: If Item 2 hours a 1/ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMI NER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29h BE 29d. DATE SIGNED (Month, Day, fear) House Office Ь -6 NAME AND ADDRESS OF PEASON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hospital Kevin Kazakeuic Harber 22. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1992 FEB

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

THE FUNETAL UR ALLENUMS PHYSICIAN: The law requires that the death certificate be executed within 2 mounts and some feath. Page 6 may be retained by the hospital or attending physician.

If you have a sent the state of the state of the physician and completely filled in by the funeral director, page 5 should be detached for use as the bunkal-transit permit. Pages 1, 2, 3 should the physician and the physician and physician and the physician

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, ARTHUR V.	SCHW	ATKA		r					2. DATE OF DEATH DATE OF DATE	3 /	YEAR 1992	3. TIME OF DEATH 8 5 A M
4. SOCIAL SECURITY NUMB 219-22-4959	ER	5. SEX	8. AGE (In yo	vs. lest birthday) YRS.	IF UNDER I	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH	+		HPLACE (State or Foreign
90. FACILITY NAME (If not ins Golden Age (on LOCATION IN THE PROPERTY OF LOCATION CONTRACTOR OF LOCATION CONTR	ON OF DE	EATH		rol]	
RESIDENCE OF DEC	10b. COUNTY	,		140-017	Y, TOWN O		7:01					40.4 INDIDE DIEV
							IIION					10d. INSIDE CITY LIMITS?
Md.	Carr	011		ME.	Aire	_	of, ZIP COOL					1 TYES 2 NO
201 Water	rville	Rd.					2177			U.S.		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	NT EVER IN U. I DYES 2 MAR OR DATE	S. ARMED	If	yes, s		n, Mexico	NIC ORIGIN? (Specify Yea n, Puerlo Rican, etc.) y:	or No-	14. RAC Blee Spec Whi	
ts. oeci	EOENT'S EOUC	CATION	18	e. OECEDENT'S	USUAL OC	CUPAT	ION		16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondary (0- Unknown		College (1-4 or 5	+)	(Give kind of life. Do NOT u	enter		iost of workli	ng	COntrac	tor		
17. FATHER'S NAME (First, MI	Iddle Leet			Carp	enter		10 14077	HEB'O MA	ME (First, Middle, Maiden			
Arthur H		vatka							winn	Gurrierre)		
19s. INFORMANT'S NAME (7)		racial		10h MAII IM	ADDRESS	(Strant		_	CLLIII Route Number, City or Tow	n Stein 71	n Code	
Suzanne									rey, Md. 2		,	
20s. METHOD OF DISPOSITI	ION on 3 🗆 Remo	oval from Stats	10	LACE OF DISPO	SITION (Nar	ne of ce	emetery, cren	natory or	20c. LO	CATION —	-	own, Stats
4 ☐ Donation Îs ☐ Other	(Specify)		Gre	en Mou	nt Cr	ema	tory		2 -11- 92 B	alto	Md	_
21, SIGNATURE OF FUNERAL	L SERVICE LIC	Lach	MOO	551	Br 21	adl	ey-As	shto Shto	n Funeral	Home	, In	c. Mi. 21222
iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injust that initiated events resulting in death) LAS	iona, diete iNG	b. DUE TO	O (OR AS A CO	MACLA ONSEQUENCE C	OF):	, u	ulus	ou j	nimary			Onset and Death
PART II. Other aignifica	nt condition	na contributing to	o death but	not reaulting	In the un	derlyi	ng cauae	given in	Part I. 24s. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					28. 1	PLACE OF F	DEATH (C)	heck only one)			
EXAMINER?		HOSPITAL:	□ EB/Custones	ent 3 🗆 004	ОТНБЕ	3:	- 11111124		V. DWY 5 C-1			
27. MANNER OF OEATH		28a. OATE O		28b. TI	ME OF		NJURY AT	e STURNCS	8 Other (Specify) 26d. OESCRIBE HOW	INJURY DO	CCURED	
1 Natural 5	Pending		Day, Year)	II.	JURY M	W	VORK?	NO				
3 Suicide 6	Investigation Could not be determined	28e. PLACE building	OF INJURY — J, atc. (Specify)	At home, ferm,	street, fact				28f. LOCATION (Street City or Town, State	end Numb	er or Rurai	Route Number,
one)									e to the cause(s) and me s time, date and piecs, a			r(s) and manner as stated.
29b. SIGNATURE AND THE	OF CENTIFIE	7/					29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNE	ED (Month, Day, Year)
1/2to	eli-tu	Mellen	o				1	2081	06	•	2/10	192
30. NAME AND ADDRESS O	E DEDOCN WIL				- D-()		1 9	-000	-0		7	, ,
PATOICE.	TURN		USE OF DEAT	147 (TYP		DY	y R	20	EWESS	05	MA	21780

PONTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

OHMH-18 Rev 1/89

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itic event, the medical	
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shows any injury, or other traumatic	
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	FOR 1 STATE	STATE OF MARY	LAND / DEPART	TMENT OF H	EALTH AND I	MENTAL HYGIFN		03683
	1. DECEOENT'S NAME (First, Middle, Last) John A. Seuber			CATE OF		REG. NO 2. DATE OF DEATH MONTH 2-7-92		3. TIME OF DEATH 7:40 P.
	4. SOCIAL SECURITY NUMBER 218-01-8804	1 🔀 M 2 🗌 F	80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-30-11		BIRTHPLACE (State or Foreign Country) Baltimore
TOR	9a. FACILITY NAME (If not institution, give s Meridian Loch RESIDENCE OF DECEDENT		ng Home	96. CITY, TOWN C	R LOCATION OF DE	АТН	9c. COUNTY Bal	
L DIRECTOR	Md . 10b. COUNTY	Baltimore	10c. CITY,	TOWN OR LOCAT	more			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	8720 Emge Road			101	21234			of what country?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 3NO	13. WAS DEC	cify Cuban, Maxica	IIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12) 12th GRade	CATION completed) College (1-4 or 5+)	We. Do NOT use	ork done during mo: retired.)	N st of working	16b. KIND OF BUS		TRY
OM	17. FATHER'S NAME (First, Middle, Last)		Letter	Carrier	16. MOTHER'S NAI	U.S. ME (First, Middle, Meiden		Service
BE (Seraphim 190. INFORMANT'S NAME (Type/Print)	Seuberth			Mary		icho1s	
2	Mary Frances Seub	erth				Baltimore		
	20a. METHOD OF DISPOSITION 1∑ Burlat 2 ☐ Cremation 3 ☐ Remaid ☐ Donation 5 ☐ Other (Specify)	ovel from State Ce	b.PLACEAND DATE OF Metery, cremetory or oth Saint Jose	F DISPOSITION (No.	me of	OATE 20c. LO	CATION City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Low	22. NAME AN	D ADDRESS OF FAC		415 Be:	lair Road
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause Liet only one cause on	d the death. Do not the death ine.					
CERTIFICATION	Sequentielly liet conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST		A CONSEQUENCE OF:		My oci	mlis IS	Chen	mi
MEDICAL	PART II. Other significent condition	s contributing to death	but not resulting in	the underlying	csuse given in i	Part I. 24e. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	ck only one)		
НУВ	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. OATE OF INJURY	28b, TIME	OF 28c. INJU		8 Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCUR	ED.
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 🗆 Y	ES 2 NO			
TED	3 Suicide S Could not be 4 Homtoide datarmined	building, etc. (Spe	Y — At home, tarm, atr polity)	eet, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my known	wiedge, death occurred on and/or investigation,	at the time, date of	and place, end due to	to the cause(a) and man-	ner as stated. I due to the ca	use(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CHAPTER	tople n	20		29c. LICENSE NUM カタフ	693	12/	9/92.
	Michael B. Hu	COMPLETED CAUSE OF O	BATH (ITEM 27) (Typo, F	Be/oir	ed Bo	lh mo	212.	36.

32. REGISTRAR'S SIGNATURE

2 Funa Davidson-Randalle

DHMH-16 Rev 1/89

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ON OF VITAL RECORDS, P.O. BOX 68760,	the second section of the contract of the cont
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	1 - STATE REGISTRAR	STATE OF I		CERTIF					MEN I/	REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	DAY	VEAR	3. TIME OF DEATH
	MARGARET V S. 4. SOCIAL SECURITY NUMBER	TARKEY					-		2		7 1	942	9:50 A.
		5. SEX		s. last birthday)	MONTHS	DAYS	HOURS	MIN.	(Mor	E OF BIRTH th, Day, Year)		Count	
	212-07-3511 9e. FACILITY NAME (If not institution, give s		78	YRS.						27-19	13	Man	ryland
œ			m v r				ORE (EATH		9c. COU	INTY OF E	DEATH
DIRECTOR	THE UNION MEMOR	IAL HOSPI	TAL		DA.	DT TIM	ORE (OTIL					
EC.	10a, STATE 10b, COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
	Maryland			Ba	ltim	ore							LIMITS?
AL	10s. STREET AND NUMBER						1. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
EB	2910 Harview Ave.						2123	4			U.S	.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF HISPAI	NIC ORIG	IN? (Specify)	es or No-	14. RAC	E — American Indian,
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	MINO			2 X NO			Rican, etc.)		1000	k, White, etc.
		1											îte
I	15. DECEDENT'S EDU (Specify only highest grade	completed)		Give kind of life. Do NOT u.	work done	during me	ON ost of workli	ng	16	b. KIND OF B	USINESS/INI	DUSTRY	
PLE	Elementary/Secondary (0-12) 8 Yrs.	College (1-4 or 5		Housew	-								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			lousew	rie	-	40 14000					_	
	Harry Wheat									Middle, Maide	n Sumame)		
BE	19s. INFORMANT'S NAME (Type/Print)			195 MAIL ING	ADDRES	C /Ctmat	Mar	2	unch	nber, City or To	-		
5	Charles B. Stark	ΑV		2910									
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem		20h PLA	CEANDDATE			-	, Da	DA.				
	1 \(\hat{\text{Burlet}} \) 2 \(\text{Cremetion} \) 3 \(\text{Rem} \) Rem 4 \(\text{Donetion} \) 5 \(\text{Other} \) Other (Specify) \(\text{Lense} \)	oval from Stata	cemetery.	crematory or o	ther piecel			2 4			OCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LIC		IDail	Tillore			ND ADDRES		0+92	I Be	alto.	, MO	•
1	Roy H. Cath												
7/2	22 PART I Enter the decree	Vacher	7										lto.,Md.21214
	23. PART I. Enter the diseases, or ahock, or heart fallure. IMMEDIATE CAUSE (Final	Liat only ona cau	se on aach i	lina.	iot entar	the mo	de or dy	ing, suc	n as cai	rdiac or rea	piratory ar	reat,	Approximate Interval Between
	disease or condition resulting in death)	. Co	MORS A CON	tive	He	art	Fa	ilu	re				Onaat and Daath
	robuiting in death)	DUE TO	(OR AS A CON	SEQUENCE O	F):		-						
Z	Convention that are the con-	L Dí	lateo	Ca	rdic	my	opa	th	Y				1
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury		epsi										
	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CON	SEQUENCE OF	F):								
8		d											
	PART II. Other algnificant condition	s contributing to	death but no	ot reaulting	n the ur	ndarlyln	g cause g	jiven in	Part I.		N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
DICAL										4.45	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC										1 TYES	ZMNO		DF DEATH?
													T TES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1				26. PL	ACE OF D	EATH (Ch	eck only o	ne)			
Sign	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 ODA	OTHE		a 5 🗆 Re	sidenca	6 Oth	et (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	26b. TIM		28c. INJ	URY AT			SCRIBE HOW	INJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Ex	ry, rour)	INJ	M		RK7] NO					
	3 Suicide 6 Could not be	28e. PLACE Of building.	F INJURY — At	home, farm, s	treat, fact	ory, office			28f. LO	CATION (Street	and Number	or Rurel F	loute Number,
"	4 Homicide determined		(0,000.))						Crity	or Town, State	9)		
7	298. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge,	death occurre	d at the t	lme, date	end pleca.	and dua	to the ca	use(s) and m	enner ee stei	ted.	
COMPLETE	one) 2 MEDICAL EXAMINE												end manner as ateted.
	29b, SIGNATURE AND TITLE OF CERTIFIER						29c. LICE			-311111111			
BE	Acorae & (1)	ick III	PE	·Y3			art. LILE	oc MUN	Hadr		29d. DAT	SIGNED	(Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH ()		Print)							1/1	11/6
	George E. V	Vicks :	皿	Unic	nI	1em	oria	14	OSE	ital			
	FEB 1 0 1992	32 REGISTRA	'S SIGNATUR										
		- TUNIUL IN	W I WOOT WILL	1	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	ENT OF HE	ALTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) ERNEST J.	TOLSON				2. DATE	OF OEATN		YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER 215 05 2256	1 ૐM 2 □ F 85		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont OCt.	OF BIRTH	1906	. BIRTNP Country,	PLACE (State or Foreign MD
TOR	90. FACILITY NAME (If not institution, give at Greater Baltimor				LOCATION OF D	EATH		9c. COUNT Bal	time	
DIRECTOR	10a. STATE 10b. COUNTY	ltimore	10e. CITY, TO	TOWSO						10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 808 Weatherbee	Road		101.	ZIP CODE 21204	4			N OF WI	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS OECEDENT EVER IN U. FORCES? 1 1 YES :	≥ ⊠NO	If yes, spec	NDENT OF NISPA Ify Cuben, Maxica NO Specif	en, Puarto	f? (Specify Yea Rican, etc.)	or No — 14	Black,	- American Indian, Whita, etc.
TED	15. DECEDENT'S EDUC (Specify only highest grade		a. DECEDENT'S USU (Give kind of work	AL OCCUPATION	of working	166	. KIND OF BUS	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Manag	ger					upp]	lies Co.
BE CO	17. FATNER'S NAME (First, Middle, Last) Ernest Tols	on			16. MOTNER'S NA Ann:					
5	Mrs. Ruth M. Tol	son	196. MAILING ADO 808 We	eatherb	Number or Rural ee Road	Route Num. To	ber, City or Town	n, State, Zip Co Md •	212	204
	20a. METNOD OF DISPOSITION 1	val irom Stata 20b. PL cemeter	ACE AND DATE OF DI y, crematory or other p CEEN MOUT	sposition (Name of the Ceme)	tery	OAT		cation — cm altimo		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Denny, Jr.	to a	MITCH 6500	ADDRESS OF EA LL-WIE York Ro	DEFEI ad I	D HOM	E, INC	ld.	21212
	23. PART I. Enter the diseeses, or c	omplications that caused the	testinas					ratory arrea	t,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO								
PHYSICIAN: MEDICAL (PART II. Other eignificant conditione	contributing to death but t	not resulting in th	e underlying	ceuse given in	Pert I.	24a. WAS AN PERFOR 1 YES 2	MED?	6	WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? I YES 2 NO
NA.	25. WAS CASE REFERRED TO MEDICAL			28, PLA	E OF DEATN (Ch	eck only on	e)			
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		HER:	5 - Reeldenca					
BY PH	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26a. OATE/OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUF WORK	Y AT		CRIBE HOW II	NJURY OCCUP	RED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify)	At homa, farm, atraet	, factory, office		281. LOC. City	ATION (Street a or Town, State)	nd Number or	Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowledg	e, death occurred at d/or investigation, in	the time, date ar my opinion, dea	d place, and due	to the ceu	se(a) and man	ner ea stated. I due to the c	ause(a) s	and mannar as stated.
TO BE (ZNO. SPERMATURE AND TITLE OF CERTIFIER	is		2	DO 98	ABER /		29d. DATE S	IGNEO (A	Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEATH	(ITEM 27) (Type, Print))	<i>y</i> - / V					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trained mind in the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law is the former of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
HUSPITAL UK ALENDING PHYSICANY: THE ISW requires that the death certificate be executed within 24 hours after de THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financial in the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Myori ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI	Ε
AR	CERTIFICATE OF DEATH REG. NO.	

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEPA CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Lest) IRENE	H.	ŋ	THENNES		2. DATE OF DEATH		YEAR	3. TIME OF GEATN
	4. SOCIAL SECURITY NUMBER 219-10-1823 9e. FACILITY NAME (If not institution, give s	5. SEX 1 M 2XXF	6. AGE (In yrs. last birthday) 65 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea July 4	,1926	e. BIRTH Countr Maj	PLACE (State or Foreign
TOR	261 Carvel Roa	d d			or Location of D adena	DEATH	9c. COUN Ann		rundel
DIRECTOR	10a. STATE 10b. COUNT	e Arund		TY, TOWN OR LOCA	rion asadena				10d. INSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL	261 Carvel Roa			10	f. ZIP COOE	21122	100		HAT COUNTRY? States
	11. MARITAL STATUS 1 Never Married 2 Married **XWidowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO RR OR DATES	If yes, s	CENDENT OF NISPA ecity Cuban, Maxic 2XXNO Speci	NIC ORIGIN? (Specify an, Puerlo Rican, etc. lly:	Yea or No-	14. RACE Black Speci	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Give kind of	S USUAL OCCUPATI work done during m use retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDI	USTRY	
	12 17. FATNER'S NAME (First, Middle, Lust) Edward		<u>Admin</u> Rade	istrat:	18. MOTNER'S N	Dept. AME (First, Middle, Mail	den Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) MS. Beverly P.	Thennes	19b, MAILING	G ADORESS (Street	Ber	Route Number, City or asadena	Town State 7in	Code)	
	20a. METHOD OF OISPOSITION 1 Burial 2 Cormation 3 Rame 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, cremetory or of Metro Cr	OF DISPOSITION (No	arme of		LOCATION — C	Olty or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	PASEE !)	M.C.AMEA	PADDRESS OF E	Heral H	ome of	Pa	sadena MD. 2112
CERTIFICATION	23. PART I. Enter the diseases, or o shock, ownest failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSEQUENCE OF	Non homa			apiratory arre	est,	Approximata Interval Between Onset and Death
	that initiated eventa resulting in death) LAST	1	OR AS A CONSEQUENCE O						
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	s contributing to	death but not resulting	In the underlyin	g cause given in	PERI	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3 DOA	26. PI OTHER: 4 \(\subseteq Nursing Non-	ACE OF DEATH (Ch	8 Other (Specify)			
BY PH	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF a			URY AT RK?	26d. DESCRIBE NO	W INJURY OCCU	URED	
	3 Suicide 6 Could not be determined	28a, PLACE OF building, a	INJURY — At home, farm, itc. (Specify)	street, factory, offic		281. LOCATION (Stree City or Town, Str	et and Number o	or Rural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HAN: To the bast of n	my knowledge, death occurr amination and/or investigation	ed at the time, data on, in my opinion, d	and place, and due	to the cause(a) and i	nanner as atale	d. Cause(a)	and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Dorl	. 7	1.0	29c. LICENSE NUI	MBER 938	29d. DATE	SIGNEO	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WING	orbal	> 795	Aga	chart	- Rd.	F/eh	B	urail ato
2	FEB I I 1992	Filma Divin	Balanthanda.						

YEAR 2

9c. COUNTY OF DEATH

State Zip Codel

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 - F use as the burial-transit permit, Pages 1, 2, 3 should TOWN OR LOCATION OF DEATH Liberty n RESIDENCE OF DECEDENT 1+0 FUNERAL DIRECTOR enter 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland 0 Fimore 10e. STREET AND NUMBER 10f. ZIP CODE executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATE: 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 OO Specify: Never Married 2 Married 3 Widowed 4 Divorced BY COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for College (1-4 or 5+) unkno once. 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) F ames BE notified INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Stre 2 140 must be 20a METHOD OF DISPOSITION

1 Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Ne he of 20c. LOCATION - City or DATE Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac ahock, or haart failure. List only one cause on each line. Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Final the disease or condition alow 23 shows any Injury, or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING has been signed by the attending physician . Dept. of Health and Mental Hygiene prior to certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY Persi PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) PALL DIRECTOR: After this certificate in 72 hours after death with the State OTHER:
4 □ Nursing Home 5 □ Realdenca 6 □ Other (Specify) IN OR ATTENDING PHYSICIAN; 1 YES 2 NO 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCC 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide IMPORTANT: It item 28 is COMPLETED 6 Could not be detarmined 261. LOCATION (Street and Number City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as state 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the 29b. SIGNATURE AND TITLE OF CERTIFIES BE MEDICAL 29c. LICENSE NUMBER 7) 40521 10204 HOWE OFFICER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LIBERTY MEDICAL CENTES OCHANEY DR 2600 LIBERTY HEIGHTS AV. BACTIMORE 30 glatachte Albania Anna 12 31. DATE FILED (Month, Day, Year)

Irusler

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

92 03687

3. TIME OF DEATH

10d. INSIDE CITY

WHAT COUNTRY?

14. RACE — American Indian, Black, White, atc.

Whit

1 VES 2 NO

Approximata

interval Batwe

Onset and Death

10

6.

a. BIRTHPLACE (State

	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE
	OF DEATH? 1 YES 2 NO
PRE	ursi Route Number,
	use(s) and manner as stated.
2	1/92
	DHMH-16 Rav 1/89

29d, DATE

talenda for

BALTIMORE, MARYLAND 21215-0020	attending physician.
=	0
ND 2	hospital
V	he
7	2
MAR	fler death. Page 6 may be retained by the hospital or attending
	a
ORE	6 may
MI	Page
ALT	death.
B	after
	hours

ISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 INERAL OIRECTOR: After this certificate has been signed by the attending physician and completely fill pin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation INT if them 28 is marked, or item 23 shows any Inlury, or other traumatic event, the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTII		F HEALTH AN	D MENTA	REG. NO.	E			
		HOMAS				2 MONT	- 7-]	1992	EAR ;	DIME OF DEATH	
	4. SOCIAL SECURITY HUMBER 219-30-8356	1∭ M 2 □ F	76 YRS.	MONTHS DA		7. DATE (Mon	of BIRTH th, Day, Year) -31-19]	40	alto.	CE (State or Foreign	
	90. FACILITY HAME (II not institution, g Fallston Genera RESIDENCE OF DECEDENT	l Hospital.			NN OR LOCATION O	F DEATH		Har	ford	H	
	10a. STATE 10b. COI			ity, town on L altimor						1. IHSIDE CITY LIMITS?	
	100. STREET AND NUMBER 3120 E. Baltimo	re St.			101. ZIP COOE 21224			U.S.		WHAT COUNTRY?	
	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 V	YES 2 HO	If ye	OECENDENT OF HIS s, specify Cuben, Ma YES X NO S	xicen, Puerto			NACE - Black, W	American Indian, hita, atc.	
	15. DECEPENT'S (Specify only highest of Elementary/Secondary (0-12) High Sch	College (1-4 or 5+)	16a. DECEDENT Give kind of life. Do NOT Barb	f work done durin use retired.)	PATION g most of working	16	Self E				
	17. FATHER'S HAME (First, Middle, Last, Otto Thomas				16. MOTHER'S Eliz	abeth	Middle, Maiden Gerhol	Surname)			
	19a. IHFORMAHT'S HAME (Typo/Print) Milton Thomas				ky Ave.,				ode)		
	20a. METHOD OF DISPOSITION Durial 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SUPVICE		20b. PLACE ANO OA of cemetary, cremator Parkwood	Cemetar 22. HAN)		2 Ba	alto.,	Md.	State	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (C	IR AS A CONSEQUENCE IR AS A CONSEQUENCE	OF):	duar					years	
			eeth but not resultin	not resulting in the underlying cause given in Part I.					CC OF	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	16. PLACE OF DEATH	-					
	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF II (Month, Day	JURY 28b. T	IME OF 26	Home 5 Reside	28d. Di	EŞCRIBE HOW I	HJURY OCCU	REO		
	2 Accident investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF building, a	IHJURY — At home, farm is. (Specify)			281. LC	CATION (Street ty or Town, State)		r Rural Rout	Number,	
	One)	HYSICIAN: To the best of m								nd manner as stated	
3	29b. SIGNATURE AND TITLE OF GER	TIFIER	W		29c. LICENSE	NUMBER 228	13	29d. DATE	SIGNED (M	onth, Day, Year)	
0	30. HAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	32. REGISTRAR	G BIGNATURE			- 00	·/		71	7	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTII	FICATE O	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Linst) AUGUST TUREK	August E	dward Tu	rek		2. DATE OF DEATH MONTH	NG 92	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-10-0194	5. SEX 6. AG	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 07-29-190	HRTHPLACE (State or Foreign ountry) Laryland				
TOR	98. FACILITY NAME (If not institution, give str CHURCH HOSPIT				OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH		
E E	HESIDENCE OF DECEDENT 10a STATE 10b COUNTY									
DIR	MD N/A		City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL DIRECTOR	100. STREET AND NUMBER 3617 Kenyon Aver	nue			21206		U.S.	OF WHAT COUNTRY?		
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes,	ECENDENT OF HISPA apacify Cuban, Maxic ES 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: hite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	NTION ompleted) College (1-4 or 5+)	16a. DECEDENT* (Give kind of	S USUAL OCCUPA work done during i use retired.)	TION most of working	16b. KIND OF BUS				
OMPL	6th Grade 17. FATHER'S NAME (First, Middle, Linst)		Car Clea	aner	G-7-17	Baltimon	ce Tran	sit Company		
BE C	Anthony Turek				Anna H					
2	193. INFORMANT'S NAME (Type/Print) Kenneth Turek		3617	G ADDRESS (Stree Kenyon	Avenue,	Route Number, City or Tow Baltimore,	n, Stete, Zip Code Maryla	nd 21206		
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ramon 4 Donation 6 Other (Specify)	ral from State Co	Db. PLACE AND OATE emetery, crematory or Sacred He	OF DISPOSITION /	Name of		CATION — City of	or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	/	22. NAME	AND ADDRESS OF FA	CILITY	more,	Marytand		
7	23. PART I. Errer the diseases, or cp	mulceting that care	hy	6415	Belair Ro	oad, Baltin	ore, M	aryland 21206		
	ahock, pr heart feilure. Li IMMEDIATE CAUSE (Final disease pr condition recuiting in deeth)	Septa	each line.	_	lode of dying, suc	en es cerdiec Dr reapi	ratory arreat,	Approximeta Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
EDICAL	PART II. Other algnificent conditione	contributing to deeth	but not resulting	in the underlyl	ng ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. 1	PLACE OF DEATH (Ch	eck only one)				
)S		HOSPITAL:	tpetient 3 DOA	OTHER:	me 5 🗆 Rasidance	5 Other (Specific)				
	27. MANNER OF DEATH 1 Pending	26a. DATE OF INJURY (Month, Day, Year)		TE OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW IN	IJURY OCCURED)		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, scrify)		_	261. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	AN: To the beat of my know	wiedge, death occurs	ed at the time, det	a and place, and due death occured at the	to the cause(s) and man	ner sa stated.	se(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER WWW.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W.W	/ The	d- Ger	2 10 2 00	29c. LIGENSE NUI	MBER	29d. DATE SIGN	NED (Month, Dev. Yeer)		
۵ ا	30. NAME AND ADDRESS OF PERSON WHO WAS A PARE	COMPLETED CAUSE OF DE	FATH (ITEM 27) (Type	adevo	y Bo	256 Mg	21:	>3/		
	31. DATE FILED (Month, Day, Year) FEB 1 1	32. REGISTRAR'S AIG	a Savidana	Banda (1)	(/			,		

BALTIMORE, MARYLAND 21215

permit. Pages 1, 2, 3 should

BOX 68760,
ВОХ
P.O.
RECORDS,
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OF
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the pural transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARY	/LAND / DEPAI	RTMEN	IT OF I	IEALTH	AND	MENTA	L HYGIEN		92	03690
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) Alexandra H.	Vollmer	CERTIF	ICAT	E OF	DEA	ТН	2. DATI MON). MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-46-1495 9a. FACILITY NAME (If not institution, give str	1 🗆 M 2 💢 F	E (In yrs. last birthday) 87 YRS.	MONTHS		IF UNDE	MIN.	10	OF BIRTH th, Day, Year)		8. BIRTH Country Me:	PLACE (State or Foreign X1CO
DIRECTOR	Union Memorial		l Care U		Y, TOWN			time	ore	9c. COU	NTY OF DI	EATH
	MD 10a. STATE 10b. COUNTY MD 10b. STREET AND NUMBER				imol	ce						10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	115 Deepdene	Road 12. WAS DECEDENT EVER	WILL ADVE			212	10				US	
ВҰ	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YE	S 2 X NO	13	If yee, sp	ecify Cube 2 X NO	m, Mexico	en, Puerto	N? (Specify Ye Ricen, etc.)	e or No—	Black Specif	- American Indian, White, etc. by: nite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life, Do NOT u HOME	work done se retired.	during mo	ON ost of worki	ng	16	b. KIND OF BU	SINESS/INC		
BE CO		oone Hobart				1	lary	Fra	Middle, Maiden nces M	cClur		
2	Mr. Alexander B.		185	San	Mari	lno I	or Aurai	Route Num Sal	ober, City or Tow 1 Rafa	el, C	A 9	4901
	1 SC Burial 2 Cremetion 3 Remo 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State	ob. PLACE AND DATE ametery, crematory or of Druic	The Rice	dge (Cemet		DAT			more	, Md.
	C. Sherman	Denny, Jr.	\mathcal{U}_{\perp}		6500	O Yor	ck Ro	oad	ELD HO	more,	Md.	21212
	23. PART I. Enter the diseases, or co ahook, or heart feiture. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Is a life w	each line.	Die.					diac or reap	iretory arr	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O									30799
PHYSICIAN: MEDICAL C	CARCINOAP OF BIADED									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		HOSPITAL:		OTHE	R:	ACE OF D						
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 28e. DATE OF INJURY (Month, Dey, Year) M 1 YES 2 NO						28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be determined	26e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm, sectfy)	street, fac	tory, office			28f. LOC City	ATION (Street or Town, Stelle)	and Number	or Rural Ac	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICI	IAN: To the best of my kno : On the basis of axaminst										and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	w.p.				29c. LICE	NSE NUN	IBER			SIGNED	(Month, Day, Year)

PAUL ST.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3501

57 32. REGISTRAR'S SENATURE
1992 Julia Davidson Regulate

J, D, [4, 1] S

31. DATE FILED (Month, Day, Year)

FEB

DHMH-16 Ray 1/89

BALTIMONE 21215

BALLIMOHE, MARTLAND 21203-3146	and after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely intended in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🔊 after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral of be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR
	1. DECEDENT'S NA
	Ve
	4. SOCIAL SECURIT
	213.
œ	9a. FACILITY NAME
5	RESIDENCE O
E	10a. STATE
0	MU
RAL	10e. STREET AND N
JNE	3122 11. MARITAL STATU
正	1 Never Married
E I	3 Wildowed 4
日	(Sp
9	Elementary/Seco
MP	8 y
S	
BE	George 19a, INFORMANT'S
일	Elenor
	20a. METHOD OF D 1 Burial 2/1/X 4 Donation 5
	21. SIGNATURE OF
	1
	23. PART I. Enta
	IMMEDIATE CAU
	disease or cond resulting in deat
O	Sequantisity list
¥	if any, leading to cause. Enter UN
F	CAUSE (Disease that initiated eve
FR	resulting in deal
디디	PART II, Other a
CA	
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IA	25. WAS CASE REFI
YSIC	1 TYES 2
PH	27. MANNER OF DE
BY	2 Accident
ED	3 Suicide 4 Homicide
	29a, CERTIFIER
MP	(Check only one) 2
8	-1
w	29b SIGNATURE AT
@	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)	.,	1			2. DATE OF C	DEATH	YEAR	3. TIME OF DEATH
Vendoux	n Heni	y J.			02	10	97	7.30 M
			UNDER 1 YEAR		7. DATE OF B (Month, Day		8. BIRTH	IPLACE (State or Foreign
213-03-8756	XM2 - F 79	YRS. MO	NTHE DAYS	HOURS MIN.	(Month, Da)	, 102)	Obbin	8/30/19/3
9a. FACILITY NAME (If not institution, give stree	t and number)	9b	CITY, TOWH	OR LOCATION OF DE	ATH		OUNTY OF D	
FSK Med	. Ctr.		Balt	5 more			Balt	imore
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40- OITH TO	OWN OR LOC	ATION				
m D		111111111111111111111111111111111111111						10d. INSIDE CITY LIMITS?
		Ba	ltim					1 X YES 2 NO
10e. STREET AND NUMBER			1	101. ZIP CODE				WHAT COUNTRY?
3122 O'Donnell				21224	r		U.S.A	
11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 YES	2X NO	If yes, s	ECENDENT OF HISPAN specify Cuban, Maxica	n, Puerto Ricen		- 14. RACI Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 🗆 YE	ES X X NO Specify	r:		Spec	
15. DECEDENT'S EDUCAT	TION I I	6a. DECEDENT'S USU	IAL OCCUPAT	FION	10h VIII	D OF BUSINESS.		nite
(Specify only highest grade col	mpleted)	(Give kind of work life. Do NOT use re	done during n	nost of working	180. KIN	U OF BUSINESS	INDUSTRY	
	College (1-4 or 5+)						0 -	
17. FATHER'S NAME (First, Middle, Last)		Machinis	τ	16. MOTHER'S NA		pers		
						e, Maroen Surnam) () () () () () () () () () (
George Vendous 19a, INFORMANT'S NAME (Type/Print)	ITI			Genevi				
				nell St.				224
Elenore Vendoue					Ball			
1 Buriel 2 Cremation 3 Remove	ol from State	PLACE OF DISPOSITION (ther place)				20c. LOCATION		
4 Donation 5 Other (Specify)		reenmoun	t_Ce	Metery AND ADDRESS OF FA	All struc	Balt	0.Mc	
21. SIGNATURE OF PUREL SIGNAL LICEN	of N	1	22. NAME	AND ADDRESS OF FA	CILITY			21231
Andato L	Christ		Lill	v & Zeil	ler Ir	nc. 19	01 Ea	stern Ave
23. PART I. Entar the diseases, or cor								Approximata
shock, or heart failure. List IMMEDIATE CAUSE (Final	it only one cause on aac	h ilna.						Interval Between Onset and Death
disease or condition	A	I ili						
resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):						
	5-0616							
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A C	ONSEQUENCE OF):						
cause. Enter UNDERLYING								
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						
resulting in death) LAST								
DARY II Oshan alguldanan ang dalam						VV10-		
PART II. Other algnificant conditions	contributing to death but	not resulting in the	ha undariyi	ing cause given in	Part I. 24s	PERFORMEO?	24t	AMAILABLE PRIOR TO
					10	YES 2 NO	,	COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	eck only one)			
1 U YES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpati		THER:	oms 5 🗆 Rasidenca	6 Other (Sp	ecify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		NJURY AT WORK?	28d. DEŞCRII	BE HOW INJURY	OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(WORK, Day, 10m)	INJUNI		YES 2 NO				
3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, stree	et, factory, of	fice		N (Street and Nur	mber or Rural	Route Number,
4 Homicide determined	outleting, etc. (Specify,	,			City or io	wn, Stata)		
29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	ion doub coursed a	t the time de	to and alone and due	An the named		44.4	
ann)	On the basis of examination a							a) and manner as stated
1			,					
296 SIGNATURE AND TITLE OF CERTIFIER	1	ina M		29c. LICENSE NUI		29d.	DATE SIGNED	(Month, Day, Year)
James 1.	Comprer	2 1110		D085	4 <i>T</i>		1	10/76
ME AND ADDRESS OF PERSON WHO	COMPLETED CARSE OF DEAT	H (ITEM 27) (Type, Prin		a. (-1.				
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FFR 1 1002	32. RECUSTRAR'S SIGNAT	nde 12						
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permit, Pages 1, 2, 3 should

FUNERAL DIRECTOR:

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30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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FEB 1

HOSPITAL

מופניתווא לוואמרים	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-til		
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	E	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	Il tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92 03692 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH Ruby F. Watson 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF INDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 M 2 F 218-20-LL61 HOURA 74 YRS. 28 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Sinai Hospital DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Randallstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8605 Allenswood Rd. 21133 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexicon, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 Married BY 1 TYES 2 NO Specify. 3 Widowed 4 Divorced white 16e. DECEDENT'S USUAL OCCUPATION

If the desired of working during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John W. Bell Louise F. Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Charlotte E. Griffith 8605 Allenswood Rd., Balto., Md. 20a METHOD OF DISPOSITION
1 Burlat 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 2712 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Lawn Memorial Grdns Crest Howard Co., Md. 21. SIGNATURE OF FINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, Md. 23. PART If Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Retwe IMMEDIATE CAUSE (Final Onset and Death disease or condition Cardisrespirators resulting in death) min 5 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING disease escular CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY MINE CRAFT

25. WAS CASE REPRESED TO EXAMINER? 1 TYES 2 NO 1 | YES 2 A NO money PHYSICIAN: RED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: t □ YES 2 PHO petient 2 [ER/Outs 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day Year) 28t. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 R. Netural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide *** TEXTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERA TO Fled within 72 IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Marth, Day, Year)

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1 - FOR STATE REGISTRAR

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OF VI	PHYSICIAN.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1	EPITAL OR ATTENDING PHYSICIAN: The law remires that the death certificate he executed within 24
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			O.	-MITTE	AIE	PUEATH		REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last	EE W	igh	1	ilee	Wight	2. DATE O	F DEATH DA	92	YEAR 3	1710		
	4, SOCIAL SECURITY NUMBER 233-24-6364	1 - M 2 M F	7D		ONTHS DAY			F BIRTH		Country)	LACE (State or Foreign Virginia		
ECTOR	98. FACILITY NAME (If not institution, give	tospital		9		n or location of imore Cit			9c. COUNT				
DIREC	Maryland NA	Y			altim	cation ore City					IOd. INSIDE CITY LIMITS? [X] YES 2 NO		
ERAL	100. STREET AND NUMBER 2357 Southd	ene Avenue,				101. ZIP CODE 2:	1230		10g. CITIZE	N OF WH	AT COUNTRY?		
BY FUNER	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES		MED IO	If yes,	BECENDENT OF NISP specify Cuban, Maxi ES 2X XNO Specific	can, Puario Ri	(Specify Yas can, atc.)		4. RACE -	- American Indian, white, atc. White		
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COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NAME (First Middle Mail					ousewife		
TO BE	19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·		MAILING AD	DDRESS (Street	et and Number or Rura	I Route Numbe	r, City or Town	, State, Zip C	ode)	01.000		
	Mr. Joseph Earl 20a. METNOD OF DISPOSITION 1 N Burlal 2 Cremetton 3 Ran	206	D. PLACEA	NDDATEOF	DISPOSITION	hdene Av	CATE	20c LOC	ATION - CI	ly or Town	. 21230		
	Gardens of Faith Cemetery 2/10 Rosedale, Maryl State Gardens of Faith Cemetery 2/10 Rosedale, Maryl McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 2										ryland		
CERTIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Sepsis DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEO	UENCE OF):	instal	irs to a	the B	rain			Interval Betwo		
MEDICAL	PERFORMEO? 1 VES 2 NO								CO	FERE AUTOPSY FINDIN WAILABLE PRIOR TO DMPLETION OF CAUSI F DEATN? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	HOSPITAL: 1 Inpatient 2 ER/Outp	ettlent 3 (DOA A	THER:	PLACE OF DEATN (C							
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME O	F 28c. II	NJURY AT YORK? YES 2 NO		RIBE NOW IN	JURY OCCUP	RED			
ETED	3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY building, etc. (Spec	— At hom	ne, term, stree	et, tactory, off	lica	28t. LOCAT City or	ION (Street an Town, State)	d Number or	Rural Rout	te Number,		
OMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	ICIAN: To the best of my knowl R: On the besis of examination	ledge, dear	th occurred a	t the time, de	its and place, and du	e to the cause time, dete ar	(s) and mann	er as stated.	cause(s) ar	nd manner se stated		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE HOON HONE	Resi	dont	71	Medicin	29c. LICENSE NU	MBER		29d. OATE S	IGNED (MG	onth, Day, Year)		
	30. NAME AND AGORESS OF PERSON WIN	67 .	St	Agn	es t	losp.							
	FEB 1 1 1992	Julia Davidana	- Banc	1.00									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within <pre></pre> <pre>TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once</pre>	the ho	detac		OUC
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.v. nours after death. Page 6 may be retained to THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified	8	8	1	¥
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.~, nours after death. Page 6 mainto THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, positied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must	8	age		2
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To the hospital or attending physic the this side this she this she find within 72 hours after death with IMPORTANT: If Item 28 is marked	CIA	ine:	ine ine	0
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31. DATE FRIED (Month, Day, Year)

FFB 11 1992

Julia

32. REGISTRAR'S SIGNATURE

Julia Davidson Rendalle

								92	2 03694
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	3. TIME OF DEATH
1	Jesse Jame	s Wolf	ord Sr				Feb. 7,	1992	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lost		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
1		1 🖳 M 2 🗆 F		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1000	Country)
	213-18-8041	44	71	1110.		100	June 29,		Maryland
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN O	OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH
18	North Arundel	Hospital			Glen Bu	rnie		Anne	Arundel
DIRECTOR	RESIDENCE OF DECEDENT								AND MINIST OFF
끭	10s. STATE 10b. COUNT	1		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
ā	Maryland Anne	Arundel_			Millersy	rille			1 🗌 YES 2 😾 NO
4	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
	51 Benson Ave.					21108			U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARI	MED	13. WAS DEC		PANIC ORIGIN? (Specify Y	e or No-	14. RACE — American Indian,
	1 Never Merried 2 X Merried	FORCES?	NAMOR DATES	10		ecify Cuben, Mex 2 NO Spe	icen, Puerto Rican, etc.)		Black, White, etc. Specify:
B	3 Widowed 4 Divorced				I I TES	2 X NO Spe	cny:		White
ED	15. DECEDENT'S EDU	World W		CEDENTS	USUAL OCCUPATION	ON	16b, KIND OF B	USINESS/INDU	
1 2	(Specify only highest grade	completed)	(GI	ve kind of	work done during mo				
1 5	Elementary/Secondary (0-12)	College (1-4 or 5							s and Electric
3 3	Grade - 6	None	Sup	ervi	sor-Trou		pt. Compan		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (First, Middle, Meide	n Surname)	L/Y
ш	Harry E. Wolfo	rd				Beda	Mae Hosh		
B	19e. INFORMANT'S NAME (Type/Print)		196	. MAILIN	G ADDRESS (Street	and Number or Rui	rel Route Number, City or To	wn, State, Zip (Code)
2	Lillieth G. Wolfo	rd	5	1 Re	nson Ave	. Mille	ersville M	D 21	108
3	200, METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name of ce	metery, cremetory	20c. L		ity or Town, State
	1 St Buriel 2 Cremation 3 Rem	oval from State	Crown	svil	le MD Ve	terans		wnsvil	le, Maryland
5	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				ND ADDRESS OF		HILDVII	ite, naryrana
			2 0				ddick Fun	eral	Home
	Poliet 1	wary of	July		1	_			nie MD 21061
5	23. PART I. Enter the diseases, or								est, Approximats
	shock, or heart fellure.	List only one ca	use on sech line).			1		Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	0.	.7. 1.	. 41	- Luce		Town		Onset and Seating
3	resulting in death)	Cec	ure le	70	19/0/9	neu	Lene		
		bue n	O (OR AS A CONSE	JENCE !	0 -1	Car	(hall		İ
Z	Sequentially list conditions,	b. <u>me</u>	junjan	U	Cejon	Car	67101009		
	if any, leading to immediate	DÚE T	OR AS A CONSE	OUENCE (OF):	11	16 . 77	Dari	tart
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	a N	upture	eco	gall	waa	econ culls	per	1011-124
	that initiated events	DUE TO	O (OR AS A CONSE	OUENCE	OF): 0			/	
	resulting in death) LAST	4							
CE									
占	PART II. Other significant condition	ns contributing t	o dasth but not i	resulting	in the undariyle	ng cause given		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL							1 _ YES	2 PNO	OF DEATH?
									1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T			26.5	PLACE OF DEATH	(Check only one)		
티디	EXAMINER?	HOSPITAL:			OTHER:	c. Estillic	C		
Z S	1 YES 2 40		☐ ER/Outpetient 3				ce 6 Other (Specify)		
히표	27. MANNER OF DEATH	28a. DATE ((Month,	Day, Year)	28b. Ti	NJURY	IJURY AT ORK?	28d, DESCRIBE HO	W INJURY OCC	CURED
marked, BY PF					M 1 🗆	YES 2 NO			
			OF INJURY — At he g, etc. (Specify)	ome, farm	, street, factory, off	Ice	261. LOCATION (Stre City or Town, Str		or Rural Route Number,
2 1	4 Homicide determined	January	er over (openny)				2, 0. 10, 01		
COMPLETED	290. CERTIFIER	SICIAN: To the head	of my knowledge 4	anth are	read at the time. A	to and plane and	due to the courses and	manner as also	ad
E 0	(Check only one)						due to the ceuse(e) end :		e cause(e) end manner as stated.
	2 MEDICAL EXAMIN	TILL OIL THE EAST OF	Accommended and/or		ton, in my opinion,	ween occured at	use time, date end prace,	one due to th	- Cause(e) and manner as stated.
BE COM		V	A	11		29c. LICENSE	NUMBER	29d. DATI	E SIGNED (Month, Day, Year)
<u>≗</u> "		70	111	14	M	V D17	694	F∈	eb. 10, 1992
를 P	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CA	USE OF DEATH (ITE	EM 27) (Ty	pe, Print)				

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	IVA E. WIGLE	TE OF MARYLAND / DE	PARTMENT	OF HEALTH AND I	MENTAL HYGIENE	92 03695					
1000	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) TVA WIG	CER		OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH 92 7.59A M					
JR.	4. SOCIAL SECURITY NUMBER 5. SEX	e. AGE (In yrs. lest birth	RS. MONTHS 9b. CITY,	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE ILVER SPRING		6. BIRTHPLACE (State or Foreign Country) NEW JERSEY COUNTY OF DEATH MONTGOMERY					
L DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MONTGOMER 10e. STREET AND NUMBER		GAITHE		100	10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO CITIZEN OF WHAT COUNTRY?					
BY FUNERAL	23 WALKER AVENUE	DECEDENT EVER IN U.S. ARMEDICES? 1 YES 2 NO ES, GIVE WAR OR DATES.		20877	IIC ORIGIN? (Specify Yea or No n, Puerto Rican, etc.)	USA					
COMPLETED	10 -	(Give ki life. Do i	ENT'S USUAL OC nd of work done of NOT use retired.)	furing most of working	18b. KIND OF BUSINESS	S/INDUSTRY					
TO BE CO	17. FATHER'S NAME (First, Middle, Lest) CHARLES A. SHAW 190. INFORMANT'S NAME (Type/Print)	19b. M/		IVARIN	Route Number, City or Town, Stat	KNOWN)					
Т	DARYL L. WIGLE 20s. METHOD OF DISPOSITION 1-9 Burlet 2 Cremetton 3 Removel from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Truckel No. 1	20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State of Congress of National CEMETERY 2/1 2 ARLINGTON, VA. SEE 22 NAME AND ADDRESS OF FACILITY FUNERAL HOME 20882									
RTIFICATION	23. PART I. Enter the diseases, or complice shock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	itions that caused the death.	Do not antar		h sa cardiac or reapirator	y arrest, Approximate interval Between Onest and Death 6 Moutles					
CE	PART II. Other eignificant conditions contri	buting to death but not resu	iting in the ur	idarlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 W N	AMAILABLE PRIOR TO					
BY PHYSICIAN: MEDICAL	1 TES 2 NO 1 In	PITAL: patient 2 = ER/Outpatient 3 = 1 e. DATE OF INJURY (Month, Dey, Year)	DOA 4 Mur Nur Nur Nur Nur Nur Nur Nur	28. PLACE OF DEATH (C/ R: sling Home 5 Residenca 28c. (NJURY AT WORK? 1 YES 2 NO		Y OCCUREO					
BE COMPLETED B	3 Suicide 6 Could not be determined 28 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	the PLACE OF INJURY — At home, building, etc. (Specify) the best of my knowledge, death a basic of examination and/or investigations.	occurred at the t	ime, data and place, and du opinion, death occured at the 29c. LICENSE NU	time, data end place, end due	CONTRACTOR OF THE PROPERTY OF					
2	30 NAME AND ADDRESS OF PERSON WHO COMP	ETED CALLES OF DEATH (ITEM 2)	D (Fee Delet)								

Α	
296/ SIGNATURE AND TITLE OF CERTIFIER	
Alum & Will Ann	
Menus Ellerhand	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Time Print)
	0 1

20852

11125 Rockville Pike, Ste 103 James E Wilson Jr. MD 31. DATE FILED (Morith, Day, FEB 1

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c.v., rours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR DECEDENT'S NAME (First, Middle, Last)	EDWARD			ICATE	SR.	J_A.		2. DATE OF MONTH	DEATH DA	Y.	YEAR 2	3. TOP OF DEATH	
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, L	BIRTH Day, Year)		a. BIRTH Countr	PLACE (Stete or Foreign	
1	219-22-1163	1√√M 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	2-4-	16			YLAND	
1	P. FACILITY NAME (If not institution, give s 124 N. ROSE ST RESIDENCE OF DECEDENT				96. CITY BAL		ORE	ON OF O	EATH		9c. COU	NTY OF D	EATH	
10	ARYLAND 106, COUNT	Y			Y, TOWN O		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10	e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?	
	124 N. ROSE ST	REET					2122	24				USA		
1	. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	Merried 2 Merried FORCES? 1 YES				If yes, sp		n, Mexico	NIC ORIGIN? en, Puerto Ric fy:		or No-	Spec	E — American Indian, k, White, etc. ily:	
	15. DECEDENT'S EDU			USUAL O				18b. K	IND OF BUS	SINESS/INC		1116		
	(Specify only highest grade Elementary/Secondery (0-12) 5 YEARS	College (1-4 or 5 +	·) Iffe.	. Do NOT L	work done se retired.)		st of worki	ng		RE	Т			
17	FATHER'S NAME (First, Middle, Last)		,				18. MOT	HER'S NA	AME (First, Mic	idle, Maiden	Sumame)			
Ш.	MR. EDWARD WIS	NIEWSKI							Route Number				224	
1)	20e. METHOD OF DISPOSITION 1/C Burlai 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 0 AKLAWN CEMETERY 2-8-92 BALTO. CITY MD.													
32	SIGNAPORE OF FUNERAL SERVICE LI	XXX 24	rond	li	<i>ii</i>	KAC		WSK	(I FU STR				MD. 21224	
anock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Conset and E												Approximate interval Betwee Onset and Des		
iii c	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILIABLE COMPLET												24	b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE	
10													OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
2			ER/Outpetient	DOA	1 9 L. PRU	28c, INJURY AT 26d, I WORK? 1 YES 2 NO				Bd. DESCRIBE HOW INJURY OCCURED				
	EXAMINER? 1	1 Inpatient 2 28s. DATE OF		28b. TI		28c. IN.	ORK?	□ NO	26d. DESC		INJURY OC	CUREO		
2 2	EXAMINER? 1	1 Inpatient 2 [26s. DATE OF (Month, E) 28s. PLACE O	INJURY	28b. TI	ME OF IJURY M	28c. IN W	YES 2	□ NO	261. LOCA	RIBE HOW	and Numbe		Route Number,	

32. REDISTRAR'S BIGNATURE
1992 Julia Davidson-Rendelle

HIGHTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the runeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HIGHTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Leat) VILLIAM HOWARD WILLIAMS 2. DATE OF DEATH FEBRUARY DAY 1995AR 12:30 Pm																
	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In y. $218-01-8204$ 1X M $_2$ $_{\Box}$ F 7 2						MONTHS DAYS MOURS MIN				(Month, Day, Year) Co.			Counti	IPLACE (State or Foreign ry) RYLAND		
N.	90. FACILITY NAME (If not instit VA MEDICAL C		9b. CITY, TOWN OR LOCATION OF DEATH FORT HOWARD 9c. COUNTY OF DEATH BALTIMORE														
5	RESIDENCE OF DECEDENT																
FUNERAL DIRECTOR	MARYLAND	10b. COUNTY				BALT			TION						10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
A	10s. STREET AND NUMBER 10f. ZIP CODE											10g. CIT	IZEN OF	WHAT COUNTRY?			
EB	5413 BIDDISO	N Aven	iue					2.	1206				UNII	ED S	STATES		
	11. MARITAL STATUS 1 Never Merried 2 M		12. WAS DECEDED FORCES?	MAR OR DATE	S	ED)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year if yes, specify Cuben, Mexican, Puerio Ricen, etc.) 1 ☐ YES 2 ☒ NO Specify:					Specify Yee en, etc.)	e or No— 14. RACE — American Indian, Black, While, etc. Specify:				
BY	3 Wildowed 4 Divorce		WORLD	WAR I.	L										WHITE		
	15. DECED (Specify only h	DENT'S EDUCA highest grade o	ATION ompleted)	16	G/ve	EDENT'S US kind of work Do NOT use n	UAL OCC	CUPATI	ION lost of workin	g	16b. Ki	ND OF BUS	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-1)	2)	College (1-4 or 5	+)		JCK D					D	ELIVE	ERY				
Ö	17. FATHER'S NAME (First, Mick	idle, Last)				_			16. MOTI	HER'S NA	ME (First, Mid	die, Maiden	Sumeme)				
BE (JOHN NMI WIL	LIAMS							CHR	ISTI	NA NM	I MAC	CK				
6	19e. INFORMANT'S NAME (Typ	oe/Print)			19b.	MAILING A	ORESS (Street	end Number	or Rural I	Route Number,	City or Town	n, State, Zi	p Code)			
۴	-John Willi	iams			4.3	15 SF	lore	Rc	1. B	alti	more,	Md.	2121	9			
	20a. METHOD OF DISPOSITIO 1 Buriel 2 X Cremation 4 Donation 5 Other (S	3 Remo	val from State	Green	ther place	Mount	ON (Nom	e of ce	atory	natory or 2-	8-92	Bal	to.,	Md.	own, State		
	21. SIGNATURE OF FUNERAL	SERVICE NCE	SEE				22. N	AME A	ND ADDRE	SS OF FA	CILITY						
	1 tates	8	Was !	1	Mo	011	D13	4 1	Jillo	y Sn	Fune	DA B	alto	. Md			
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart fellure. List only one cause on each line.																
											Onset and Death						
	resulting in death)	* .		OR AS A CO													
×	Commentation of the																
MEDICAL CERTIFICATION	Sequentially liat conditions, If eny, leeding to immediata cause. Entar UNDERLYING																
띮	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):																
ᇤ	resulting in death) LAST																
2	DATE II. Other elevitions	t conditions	- contribution to	n dooth but	not so	aultina la	Africa come	l a mla ala		mbrom Im	Boot I o	4- 1000 441	ALFTORON		b. WERE AUTOPSY FINDINGS		
첫	OTDDUOGTO OD TEUDD									PERFOR	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ă	CIKKHOSIS	OF LI	VER								— l¹	YES 2	NO T		DF DEATH?		
								_			1 ☐ YES 2 🖔 NO						
ä																	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	0	Deti a r		THER	:			neck only one)						
IYS	1 TYES 2 T NO		1 Pinpatient 2		ent 3 [28b. TIME	_		Me 5 R	eeldence	6 Other (N HIRV O	CHBED			
BY Ph	1 X Netural 5 P	ending nvestigation	(Month,	Day, Year)		INJUR	M	W	YES 2	□ NO	200. 0230		indon'i O	DOUNED			
		Could not be letermined	26e. PLACE building	OF INJURY — I, etc. (Specify)	At hom	ne, lerm, str	et, fecto	ry, off	ice		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
Ë	290. CERTIFIER 1 CERTIF	FYING PHYSIC	IAN: To the best of	of my knowled	ine des	th occurred	at the tir	ne de	te and place	and due	to the cause	ofe) and me	nner sa et	eted.			
COMPLETED	CONSUM ONLY														(a) and menner as stated.		
BE	296. SIGNATURE AND TITLE (OF CENTIFIER	lus	hill		· W	7)		29c. 1.IC	ENSE NU	MUER			2-7-	92		
10	G.V.J. VERGHI	ESE, M	D. VA	MEDIC	H (ITEM	CENT	ER -	FOF	RT HO	WARD	, MD	2105	2	7.0			
-1	31. DATE FILED (Month, Day, Y						,		- 110		,		-				
	FEB 1 1		Julia	Davidson	- Pa	ndell											

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46	physici
BALTIMORE, MARYLAND 21203-3146	n comounts after death. Page 6 may be retained by the hospital or attending physici
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ND 2	hospital
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7	3
MARY	retained
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W.	тау
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ALT	death.
m	after
	SUPORT -3
-	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

3. TIME OF DEATH 11:30 p				
8. BIRTHPLACE (Stete or Foreign Country) 1915 VIRGINIA 9c. COUNTY OF DEATH				
ARUNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
U.S.A.				
ACE — American Indian, ack, White, etc.				
1100				
1108 Town, State				
MD 21061				
Interval Between Onset and Das / Your Syra, Syra, Syra,				
24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ral Route Number,				
106/ All Menner as stated.				

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

YEAR

3. TIME OF DEATH

2. DATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX

Jr. Thomas White 5:55 P. 92 5. SEX 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1- M 2 | F 249-42-4379 58 YRS. 04-01-33 South Carolina use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH FUNERAL DIRECTOR 6606 Birchwood none Baltimore City 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City none 1- YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6606 Birchwood Avenue 21214 United States AUSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-it yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EXECUTED IN THE PROPERTY OF T 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 Widowed XX Divorced Negroid COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co è Elementary/Secondary (0-12) United States Postal College (1-4 or 5+) 12th grade Clerk years Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the attending physician and completely filled in by the funeral director, page 5 should be Mental Hygiene prior to burial, cremation, or removal. Thomas. notified at W. White, Bertha Thomas 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code). 20902 Md. 2 103 13 Insley Street, Silver Spring, Grant C. White Pe 20a. METNOD OF DISPOSITION
1 XBurlai 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 920wingsMills, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 ☐ Donation 5 ☐ Other (Specify) son orest Va. Cemi examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home ahren 1412 E. Preston Street, Balto. Md medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between (Arterioslerotic Cardiovascular Disease) IMMEDIATE CAUSE (Finel Onset and Death the disease or condition event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t Health and AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 - YES 2 NO OF DEATH? Shows : pt. of H 1 TES 2 NO th the State Dept. of, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 - NO 4 🗆 Nun ing Home 5 🕅 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Montin, Day, Year) 28b. TIME OF INJURY with t marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO DIRECTOR: After the hours after death witten 28 is mark BY Accident 28s. PLACE OF INJURY — At home, farm, street, lactory, office building, atc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. DOTHE FUNERA
be filed within 7.
IMPORTANT: II 2 X MEDICAL EXAMINER: On the besis of axami ition and/or investigation, in my opinion, death occured at the time, date and place, and dus to the cause(e) and manner as stated. 250, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E 2 2-4-92 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mario Golle, Jr. MD. MOY GOLLE 111 Penn Street. Baltimore. 32. REGISTRAN'S SIGNATURE 1992 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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(Sister)	lary Le	odegar Za	hner			2. DATE OF OEATH	1992"	3. TIME OF DEATH 5:15 A
4. SOCIAL SECURITY NU 193-40-73	319	1 D M 2 XF 8	8 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 8/18/03	5 Ma	ryland
9a. FACILITY NAME (# no Villa Ass	sumpta,	6401 N. C			ltimore		Balti	
Md.	Balt:	imore	10c. city, Ba	timor ltimor	e.			10d, INSIDE CITY LIMITS? 1 YES 2 XNO
106. STREET AND NUMB		St.	4	101	21212		10g. CITIZEN OF	WNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C	☐ Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp		IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	Bia	cE — American Indian, ick, Whita, etc. ecity: White
15. 0 (Specify Elementery/Secondar	ecedent's educationly highest grade of	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S Use (Give kind of wor life. Do NOT use)	k done during mo etired.)		Educat	siness/industry	
17. FATHER'S NAME (First					18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
Joseph 2						a Gruell		
S.Bernice		0.000				Number, City or Tow		Md. 21212
23. PART i. Enter the	Stephen disesses, or co r heart fallure. Li	enakis mplications that cause at only one cause on A the	sech ilne.	6500 Y	ork Road	chell-Wied Baltimore	e, Maryl	
Sequentially list con if any, lasding to im- cause. Enter UNDER CAUSE (Disesse or that initiated events resulting in death) L	mediets LYING njury c.		A CONSEQUENCE OF):					
PART II. Other signif	conditions	contributing to desth	but not resulting in	the underlyin	g ceuse given in	Part I. 24e. WAS AN PERFOI	RMEO?	Ab. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRE EXAMINER?		HOSPITAL:	tnetlest 3 DOA	OTHER:	ACE OF DEATH (Ch			
	Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.		28d. OESCRIBE HOW	INJURY OCCURED	
27. MANNER OF DEATH 1 X Natural 5 2 Accident	Investigation							

29b. SIGNATURE AND TITLE OF CERTIFIER 1158

Dr. Lawrence Boas, M. D. 54 Scott Adam Road, Cockeysville, Md.

32. REGISTRAR'S SIGNATURE 992 Julia Davidso

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020
fter death. Page 6 may be retained by the hospital or attending physician.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

eath. Page 6 may be retained by the hos	uneral director, page 5 should be detache	caminer must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HO	TO THE FU	IMPORTA	

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		- 00102
1. DECEDENT'S NAME (First, Middle Lourdine	e, Last) Gertrude	e Ada	ms	2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 2 0315 A M
4. SOCIAL SECURITY NUMBER 0228 220 10	1□ M 独录 F 9:	3 YRS. MONT		2. DATE OF BIRTH (Month, Day, Year) Sept.19,18	398	RTHPLACE (State or Foreign suntry) Md.
Se. FACILITY NAME (If not institution Lions Manor	Nursing Home	9b.	city, town or Location of C Cumberland	DEATH	Allega	
Lions Manor 1 RESIDENCE OF DECEDE 10a. STATE 10b. Md.	COUNTY Allegany		WN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 25 NO
10a. STREET AND NUMBER 325 National 11. Marital Status		(871)	10f. ZIP CODE 21502			S.A.
11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I	3/XNO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic 1 YES AND Specific No. Spec	ean, Puarto Rican, etc.)	or No- 14. F	AACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDEN (Specify only higher Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, 1)	r's EDUCATION st grade completed) College (1-4 or 5 +)	Ilfa. Do NOT use ratio	lone during most of working	16b. KIND OF BUS		
17. FATHER'S NAME (First, Middle,	ast)			IAME (First, Middle, Maiden S	Surname)	
John J. W			Ma	ry E. Lavin	1	
O 198. INFORMANT'S NAME (Type/PT	*		RESS (Street and Number or Rura			
Robert C. Ada		Rt.#3 BO		erland, Md.	21502 CATION — City of	
13 Burial 2 Cremation 3 4 Donation 5 Other (Spec	Removal from State	cemetary cramatory or of	rial Park Jan	.31.1992	Cumberl	and, Md. 215
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	16	22. NAME AND ADDRESS OF F			04 Decatur St
Kolunt	(aldom		Marritt-Adam	ns Funeral H	Omo	umberland, Md
IMMEDIATE CAUSE (Finei diseese or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS DUE TO (OR AS	onary Atren a consequence of): a consequence of):	ry Disease			Onset end Death
that initieted events resulting in deeth) LAST	d	A CONSEQUENCE OF):				
PART II. Other eignificent or VATO 25. WAS CASE REFERRED TO MEI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	enditions contributing to death	but not reculting in th	e underlying ceuse given i	n Part i, 24e. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEI			26. PLACE OF DEATH (C	Check only one)		-
1 □ YES 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA 4 X	HER: Nursing Home 5 - Residence	6 Uther (Specify)		
I (2) Identified 9 Lation	igation	28b. TIME OF INJURY	26c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRİBE HOW II	NJURY OCCURE	D
	not be building, atc. (Spe	Y — At home, farm, atreet ecify)	, factory, office	26f. LOCATION (Street a City or Town, State)	ind Number or Ri	ural Route Number,
Torrow oray	G PHYSICIAN: To the best of my know					use(a) and manner as stated.
Sep. Signature/and title of	SHE WHO COMPLETED CAUSE OF D	FATH (ITFM 27) (Time Brie	29c, LICENSE N D 091	Minimum and the second		SNED (Month, Day, Year) 29/92
D 0 W D	T :	T		, MD 21502	2	
JAN 30 19	92 Sha Lawrecov	Handell				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE G. NO.	22 03/03
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH	YEAR 3. TIME OF DEATH
	George Parker		(In yrs. last birthday)	T INDED A VEAC				8:05 P. M
	367-09-4629	1 № 42 □ F 86		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, Sept.	15, 1905	s. BIRTHPLACE (State or Foreign Country) New York
	Se. FACILITY NAME (If not institution, give				OR LOCATION OF		9c. COUN	TY OF DEATH
TOR	Washington Count	y Hospital	1	Hager	stown		Was	shington
EC	10e. STATE 10b. COUNT	тү	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
FUNERAL DIRECTOR		ington	Hage	rstown				LIMITS?
RAL	100. STREET AND NUMBER 10210 Sharpsburg	Pike		101	21740)		EEN OF WHAT COUNTRY? USA
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		ANIC ORIGIN? (Spe		14. RACE — American Indian,
BY FI	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp		can, Puerto Rican,		Black, White, etc. Specify:
	15. DECEDENT'S ED	UCATION	16e DECEDENT'S	USUAL OCCUPATION	2N	166 KIND	OF BUSINESS/INDI	whi te
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during mo e retired.)	ast of working	10B, KIND	OF BUSINESS/INDO	DSTRY
4P	12 years	2 years	night	auditor		Ho]	liday Inr	1
8	17. FATHER'S NAME (First, Middle, Last)	D 11.			16. MOTHER'S N	Lulu Pa	Maiden Surname)	
BE	George Whiting	Bellinger						
2	Beth Parker Belli	nger		Sharpsbu		Hagers	or town, State, Zip	aryland 21740
	20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Rer	200	D. PLACE AND DATE O	F DISPOSITION (Na	ime of	DATE	20c. LOCATION — C	
	4 Donation 5 Other (Specify)	Sn	nithsburg			2/1	Smithsbu	irg, Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	Minne	oh		N. Min			tomac Street n, Maryland
	23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do n					
- 1	anock, or neart fellure	. List only one ceuse on a	ech iine.					
- 1	IMMEDIATE CAUSE (Finei							interval Batween Onset and Death
	iMMEDIATE CAUSE (Finei disesse or condition resulting in death)	. Conce		Hear	+ tu	ulure		
	disesse or condition	a. Conce	STIVE			ulure		
NOI	disesse or condition resulting in death) Sequentielly list conditions,	DUE TO COR AS A	STIVE A CONSEQUENCE OF	· 1 latio	20			Onset and Death
CATION	disesse or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO COR AS A	STIVE A CONSEQUENCE OF	· 1 latio	20			Onset and Death
TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO GOR AS A	STIVE A CONSEQUENCE OF A CONSEQUENCE OF	ilation 1-tri	cuspi	dre	gergite	Onset and Death 3 days
CERTIFICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO GOR AS A	STIVE A CONSEQUENCE OF	ilation 1-tri	cuspi	dre	gergite	Onset and Death 3 days
AL CERTIFICATION	Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in desth) LAST	DUE TO (OR AS A C. SEVERE DUE TO (OR AS A d. COPOPORT	A CONSEQUENCE OF	nerosi	on cuspi clerot	d rea	gergite	Onset and Death 3 days
CAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C. SEVERE DUE TO (OR AS A d. COPOPORT	A CONSEQUENCE OF	nerosi	on cuspi clerot	d red	surgiture di	Onset and Death 3 days
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MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A C. SEVERE DUE TO (OR AS A d. COPOPORT	A CONSEQUENCE OF	n the underlying	cuspi clerot g ceuse given in	Part i. 24a.	Surgiture art di	Onset and Death 3 clays 4 to 1 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in desth) LAST PART II. Other aignificent conditions. PART III. Other aignificent conditions. PART III. Other aignificent cond	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF MIT CONSEQUENCE	28. PL OTHER: 4 Nursing Horn UNY 28c. INJ WO	CUSPICLER OF DEATH (C)	Part i. 24a. 1	Surgiture di una an autopsy peritorimen? YES 2 NO	Onset and Death 3 days 4b. Were autopsy findings Avail able prior to Completion of Cause Of Death? 1 Yes 2 No
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BY PHYSICIAN: MEDICAL	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C. DUE TO (OR AS A d. COMMAN HOSPITAL: 1 Inpetient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	A CONSEQUENCE OF A CONS	28. PL OTHER: 4 Nursing Home E OF 28c. INJURY WO M 1 Y treat, factory, office	CUSPICLE OF DEATH (C) a Ceuse given in ACE OF DEATH (C) b S Residence URY AT RK? CES 2 NO	Part I. 24a. 1 1 1 1 28f. LOCATION City or Town as to the ceuse(a) as	WAS AN AUTOPSY PERFORMED? YES 2 NO WAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number of 1, State)	Onset and Death 3 Clays 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury thet initiated events resulting in desth) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined (Check only One) 2 MEDICAL EXAMINER. 29b. SIGNATURE AND TITLE OF CERTIFIES AMMINER.	DUE TO (OR AS A C. DUE TO (OR AS A d. COMMUNICATION HQSPITAL: 1 Inpetlant 2 ER/Outs 28e. PLACE OF INJURY 28e. PLACE OF INJURY building, stc. (Special Section of the bests of examinations) ER: On the bests of examinations	A CONSEQUENCE OF A CONS	28. PL OTHER: 4 Nursing Hom E OF 28c. INJ URY WO Atreat, factory, office d at the time, date n, in my opinion, d.	CUSPICLE OF DEATH (C) aCE OF DEATH (C) 5 Residence URY AT RK? CES 2 NO and place, end du eath occured at the 29c. LICENSE NE D 4	n Part i. 24a. 1 1 1 1 1 1 1 1 1 1 1	WAS AN AUTOPSY PERFORMED? YES 2 NO (Street and Number of, State) and manner as state lace, and due to the	Onset and Death 3 Clays 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(s) and menner as stated.

31. DATE FILED (Month, Day, Year)

JAN 29 1992

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9a 20:05 SAMUEL BAYBOWMAN 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
JUNE 19, 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign Country) MARYLAND IF UNDER 1 YEAR IF UNDER 24 HRS DAY8 HOURS 1 💢 M 2 🗌 F 577-03-3509 79 YRS 1912 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND WASHINGTON HAGERSTOWN 1) YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 154 SOUTH MULBERRY STREET 21740 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) 9 PRINTER PRINTING COMPANY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) RAY BOWMAN Μ. EVA IRENE BE LEWIS notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PHYLLIS Α. BOWMAN SOUTH MULBERRY ST., HAGERSTOWN, MD. 21740 pe 20a, METHOD OF DISPOSITION
1 D Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must ROSE HILL CHARLERY 1-29-92 HAGERSTOWN, WASH., MD 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEF 22. NAME AND ADDRESS OF FACILITY R. heel Brady K. COFFMAN FUNERAL HOME, IN ANTIETAM ST.,HAGERSTOWN,MD. ANDREW K. INC 2 E. 40 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death diseese or condition uludu resulting in death) DUE TO (OR AS A COA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) thet initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 DINO 4 Nursing Home 5 Residence 8 Other (Specily) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF BEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural м 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner ea stated FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and mennar ee stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER H (HAN, MI SAMUEL 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITTEM 27) (Type, Print)

all number

TO THE HOSPITAL OR AFFENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal: BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR CERTIF	TMENT OF	HEALTH AN F DEATH	ID MENTA	REG. NO.		00703
	1. DECEDENT'S NAME (First, Middle, Leet) RONALD	LEMAR		BAK	ER	2. DATI MON		199	
			yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHE DAYS		RS. 7. DATE (Mon	of BIRTN th, Day, Year) y 28,19	8. B	IRTINPLACE (State or Foreign ountry)
FOR	as. FACILITY NAME (If not institution, give street 12436 WALNUT PORESIDENCE OF DECEMENT	,			RSTOWN	OF DEATH		9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY	shington		r, town or Loc					10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
FUNERAL	100. STRÉET AND NUMBER 12436 Walnut Po				21740			U. S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE VIETNAM	2 NO	If yes,	specify Cuban, Me		N? (Specify Yes o Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. OECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)			vork done during is retired.)	TION most of working ne Worke		Glass		97
BE COMPL	17. FATNER'S NAME (First, Middle, Last) Raymond I Baker				16. MOTHER		Middle, Melden Su Davis	imeme)	
TO E	19a. INFORMANT'S NAME (Type/Print) Lorraine Baechtell		30	3 E. W	ilson B	lvd.,	nber, City or Town, Hagerst	own, M	id. 21740
	20s. METHOD OF DISPOSITION 1 © Burlai 2 C Cremation 3 Permovi 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE CE	Man	LACE AND DATE OF COMMENTS OF COMMENTS	etery,	2-4-92 AND ADDRESS O	P FACILITY	rilgh	mantor	, Md.
	▶ John H. Bas)	_	FUNERAL	- CALCO	' Boons	boro,	tional Pike Maryland 21
	23. PART I. Enter the diseasea, or con ahook, or heart fellure. Lit IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only ona cause on each	t line.	she	t wa	auch aa cer	diec or reaplra	Soo	Approximate Interval Batw Onset and Da
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							
MEDICAL C	PART II. Other algnificent conditions	contributing to death but	not reaulting (n the underly	ng ceuaa giver	n in Part I.	24a. WAS AN AL PERFORMI 1 YES 2	ED?	24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 /9, YES 2 / NO
PHYSICIAN:		IOSPITAL:		26. OTHER:	PLACE OF DEATH	l (Check only o	HEAD,	any	
PHYS	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	HTMO 5 X Resider NJURY AT VORK?		SCRIBE NOW INJ	URY OCCURE	0
D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	0 1 / 3 1 / 1 9 9 28e. PLACE OF INJURY — building, etc. (Specify)			YES 2 X NO		F INFL CATION (Street and or Town, State)	ICTEI	
dille le	- werenmined	N: To the best of my knowled	AT H		te and place, and	due to the pe	2436 W	ALNUT	POINT RO
MPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CYAMINED	On the heels of everylection of						,	MAKILAND
TO BE COMPLETE	(Check only CERTIFYING PHYSICIA	On the basis of examination a	nd/or investigation	n, in my opinion,	29c, LICENSE	t the time, date	a and place, and o	due to the cau	MARILAND (see(a) and manner as stated NED (Month, Day, Year) 01/1992

LBIIU_ .o, Marylan

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	STAKE	BUCHANA	N		2. DATE OF DEATH DAY 2	year 92	3. TIME OF DEATH 2:20 PM M
4. SOCIAL SECURITY NUMBER 577-07-3313	1 🗆 M 2 💢 F	MGE (In yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 7,1898	Ma	THPLACE (State or Foreign ntry) ryland
98. FACILITY NAME (If not institution, give Homewood Retirem RESIDENCE OF DECEDENT			Willia	OR LOCATION OF D	EATH	WASHIN	
10a. STATE 10b. COUNT	ington		y, town on Loca				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 2750 Virginia				1. ZIP CODE 21795		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 XNO	If yes, s		NIC ORIGIN? (Specify Year an, Puerto Rican, atc.) fy:	Ble	CE — American Indien, eck, Whita, atc. ec/ly: te
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12	JCATION completed) College (1-4 or 6+)	16a. DECEDENT'S (Give kind of life. Do NOT us Agent	USUAL OCCUPATI work done during m se retired.)	ON ost of working	Insuran		
17. FATHER'S NAME (First, Middle, Last) John And	erson	Conley		18. MOTHER'S N. Bessie	AME (First, Middle, Melden S (nmi)	2017	ruber
190. INFORMANT'S NAME (Type/Print) Ruth J.Stoneburne		19b. MAILING		and Number or Rural	Route Number, City or Town	, State, Zip Code)	
20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Res		20b. PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	20c. LOC	CATION — City or	Town, Stata
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	Riverview	0SB0R	NE FUNER			T,MD 21795
ah/ck, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CANCO DUE TO (OR DUE TO (OR	AS A CONSEQUENCE O	IF):	CALBA	on lapa	h ctra	Interval Between Onset and Desth
PART II. Other algolficent condition	na contributing to dea	ath but not resulting	In the underlying	ng cause given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Satural 5 Pending Investigation 3 Suicide 6 Could not be determined	26a, PLACE OF IN	URY 28b. TIN IN	OCHER: 4 Nursing House of Juny M 1	JURY AT ORK? YES 2 NO	theck only one) 6 Other (Specify) 26d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)		al Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHY One) 2 MEDICAL EXAMM 29b. SIGNATURE OF THE OF CERTIFI	ER: On the basis of example of the complete of		on, In my opinion,			d due to the caus	e(a) and menner as stated. EQ (Month, Day, Year)

25 170

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Schroeder

PHILIP

JAN 2 7

Dr.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA				HEALTH AND	MENTA	L HYGIEN	IE	2 (13707
	DECEOENT'S NAME (First, Middle, Lest) ARTHUR	М.		BUT	LER	SR.	MON'	OF DEATN	AV	YEAR 992	3. TIME OF DEATN 8:10A
	4. SOCIAL SECURITY NUMBER 213-18-2745	1 💥 🗓 F 7	yrs. lasi birthday) 71 YRS.	IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mon	OF BIRTH th. Day, Year)			NPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give a Memorial Hospital RESIDENCE OF DECEDENT		nter			1 and			9c. CO	unty of I	DEATH
DIRECTOR	10e. STATE 10b. COUNT	r Legany			onloca						10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 417 Ascension S 11. MARITAL STATUS					1. ZIP CODE 21502			1	USA	WNAT COUNTRY?
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TOTALES IF YES, GIVE WAR OR OA:	U.S. ARMED 2 NO TES	13	If yea, ap	CENDENT OF NISPA Hecity Cuben, Mexico 1 2 100 Special	an, Puarto	N? (Specify Yea Ricen, etc.)	or No	14. RAC Blac Spec	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	18a, DECEDENT'S (Give kind of life. Do NOT us	work done se retired.	during mo	ost of working	16	. KIND OF BU	SINESS/II	DUSTRY	white
	12 17. FATHER'S NAME (First, Middle, Lest) Melvin Butle	r	ret.	sta	if S	16. MOTHER'S NA			Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Arthur M. I					Atm and Number or Rural MD 2150	Route Num	atherin	ne D	urst (ip Code)	
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	oval from Stata 20b.	PLACE AND DATE of the ry, crematory or of the continuous continuou	OF DISPO	SITION (Na	ame of	1-2			- City or To	own, State ville, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	SCRIPPI	this	22	Scar	nd Address of FA rpelli Fi perland.	uner	al Home			
	IMMEDIATE CAUSE (Finel	Complications that coused List only one cause on ee	ch line.		r the mo	de of dying, aud	h es cer	diec or reapi			Approximete Interval Between Onset and Death 48 Hour
ATION	Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING	DUE TO (OR AS A O	CONSEQUENCE OF	F):							
ERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS A (CONSEQUENCE OF	F):							
MEDICAL C	PART II. Other significent condition RENAL INS BILATERAL L 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	S contributing to deeth bu OFFICIENCY EL GRETERIA	t not resulting	In the u	nderlylng	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	248	E. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL	GREATE	n TH	2~	26. PL	ACE OF DEATH (Ch	eck only o	ne)			1 NES 2 NO
YSIC	t 🗆 YES 🕫 NO	HOSPITAL:		OTHE	R:	e 5 🗆 Residence					
ву РН	27. MANNER OF OEATN 1 Matural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)		URY M	1 🗆 1	PRK? YES 2 NO	28d. OE	CRIBE NOW II	NJURY O	CURED	
ETED	3 Sulcide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	y)				City	ATION (Street a or Town, State)			Route Number,
COMPLET	(Check only	CIAN: To the beat of my knowle R: On the basis of examination	dga, death occum and/or investigatio	n, in my	time, data opinion, d	and place, and due	to the car	and place, an	ner as st	ated. the cause(s	a) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	WBER				(Month, Day, Year)
= 1	30 NAME AND ADDRESS OF DEDUCAL WILL	0.00401 5750 04400 0570				T/470				/	

LETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Memorial Hospital

Cumberland, MD

21502

10 Low 3.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zamours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF M					EALTH AND N	MENTAL	HYGIENI			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH		YEAR	3. TIME OF DEATH
)	Frances Otel:	ia	Cottrill					MONTH ()1	30		PEAR 32	10:05 am M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last		IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)	T		IPLACE (State or Foreign
	220-18-0301	1 🗆 M 2 💢 F	66	YRS.	MONTHS	DAYA	HOURA MIN.		12-25			yalnd
ì	9e. FACILITY NAME (If not institution, give a	itreet and number)			9b. CITY,	TOWN C	R LOCATION OF DE	ATH		9c. COUN	TY OF D	EATH
FUNERAL DIRECTOR	Western Maryland Cent	er-1500 PA	Ave.,		Hag	erst	own, MD			Was	shing	ton
35	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
ā	Maryland Wash:	ington		Wi	llai	mspc	rt					1 X YES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
EH.	113 W.Potomac St.						21795				USA	
ا يَ	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI		13, 1	MAS DEC	ENDENT OF HISPAN ecify Cuben, Mexice	IIC ORIGIN	? (Specify Yee Rican, etc.)	or No-	14. RACI Black	E — Americen Indien, k, White, etc.
BY	3 XWIdowed 4 Divorced	IF YES, GIVE WA					2 X NO Specify				Spec	#γ: ite
	15. DECEDENT'S EDU	ICATION	18e. DE	CEDENT'S	USUAL OC	CCUPATIO	ON .	16b.	KIND OF BUS	INESS/IND		Tre
	(Specify only highest grade	completed)	(Gi	ve kind of Do NOT u	work done o	during mo	st of working					
P	Elamentery/Secondary (0-12)	College (1-4 or 5+)	Loc	m Op	erat	or			Ribb	on Ma	anuf	acture
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, A	Viddie, Maiden	Surname)		
0	David	Martir	1	Higo	ins		Susan		An	na		Hanson
BE	19a. INFORMANT'S NAME (Type/Print)					(Street a	and Number or Rural I	Route Numb			Code)	110110011
임	Patricia A.Werdeb	oaugh	2	203 8	Summe:	r St	. Hagers	town	,MD 21	740		
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Ran	and the Charles	20b. PLACE other pla	OF DISPO	SITION (Na	me of ce	metery, cremetory or	,	20c. LO	CATION —	City or To	own, Stata
	4 🗀 Donation 5 🗆 Other (Specify)	7 4	St.P	aul'	s Cer	nete	ry		Cle	ar S	orin	q.MD
	21. SIGNATURE OF FUNERAL BERVICE LI	CENSAE			-		ND ADDRESS OF FA					
	>///by/03///.	/ lostan	-			D U NSRL	RNE FUNE Box # 34	RAL I	HUME lliame	nort	MD	21705
	23. PART I. Enter the diseases, or									•		Approximete
	ahogk, or heart feliure. IMMEDIATE CAUSE (Final	List Dnly Dne ceur	e on each line									Interval Between Onset and Death
	disease or condition resulting in death)	Pne	eumonia									since
	resulting in deadily		OR AS A CONSE	DUENCE (OF):							
z	0	D	ite CVA									1/21/92
5	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE (OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO	OR AS A CONSE	DUENCE (NED.							
E	that initieted events reaulting in death) LAST	DOE 10	ON NO A CONSE	JUENCE ()T).							į į
병		d.										
CAL CERTIFICATION	PART II. Other algnificant condition	na contributing to	deeth but not i	resulting	in the ur	nderlyln	g ceuse given in	Part i.	24e. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_	Multiple recurr	ent CVA							1 TES 2			COMPLETION OF CAUSE OF DEATH?
ME	Diabetes mellit	us									-	1 - YES 2 M NO
ä	Polycythemia w	era										
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH (C)	neck only or	ne)			
XS.	1 TES 2 X NO	1 Dinpatient 2	ER/Outpatient 3	□ DOA			me 5 🗆 Reeldence	6 🗆 Othe	er (Specify)			
H	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. Ti	JURY	W	JURY AT DRK?	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
B	1 Neturel 5 Pending 2 Accident Investigation				М		YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	ome, 1erm.	, atreat, fec	tory, offi	CO	28f. LOC City	or Town, State)	end Numbe	r or Rurel	Route Number,
ET												
COMPLETED	29e. CERTIFIER (Check only one)											
Ö	2 MEDICAL EXAMIN	ER: On the basis of a	tamination end/or	Investigat	lon, in my	opinion,	death occured at the	time, date	e and place, er	nd due to t	he cause	(e) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIC		1		m		29c. LICENSE NU	MBER			-30-9	D (Month, Day, Year)
TO E		MMC		1 1	111	·W.	D-12642			1	-30-9	22
	30. NAME AND ADDRESS OF PERSON W Fe U. Porciuncula, M.D					lacer	stown MD	217//)			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	a Ave	nue, n	ayet.	SOWII, FID	Z1 / +(
	JAN 3 1 1992		H'S SIGNATURE	A.S.								

Page 18

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5 10		10
3 8		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	THE PRINCE OF TH	TO THE FUNCTION AND INTERCENTAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, certainfoir, or removal.

	1 - STATE REGISTRAR		CERT	IFICATE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	OHEV					2. DATE	OF DEATN		YEAR	3. TIME OF DEATN
	Leon Lester CHUR						1	20	1	92	01:30 M
	4. SOCIAL SECURITY NUMBER 215-14-1443	5. SEX 6	71 YF	MONTHS MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 1. Day, Year) 7 14,1	920	Country	PLACE (State or Foreign 71 1
OR	8a. FACILITY NAME (II not institution, give to Washington Count					OR LOCATION OF D	EATH			hty of D	
رخ	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT										
DIRECTOR		ington	10c	Clear							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 14839 National P	ike			101	21722			10g. CIT	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAT	YES 2 NO		t yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 XNO Speci	an, Puerto F	? (Specify Yes	or No-	Speci	
	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16a. DECEDE	NT'S USUAL O	CCUPATIO	ON st of working	16b.	KIND OF BU	SINESS/IN	Whi	te
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		d of work done (OT use retired.) Set met							
CO	17. FATNER'S NAME (First, Middle, Last) Otho E. Churchey					18. MOTHER'S NA		Middle, Maiden Tucke	,		
8	19a. INFORMANT'S NAME (Type/Print)		405 444		(041						
5	Edna Irene Churc	hey				al Pike,					21722
	20a. METNOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rerr 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	20b. PLACE AND D	or other place)		ial Park	DATE			City or To	wn, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ <			CH FUNER			erst	JWII,	Maryranu
j	SCATT	Mon	me						gerst	town,	Md. 21740
	23. PART I. Enter the diseeses, or	complications that	saused the deeth.	Do not enter	tha mo	de of dying, aud	h aa card	liac or respi	ratory ar	rest,	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition			FRA DO	5760	to tate	al		MIZ	-	Interval Batween Onset and Daath
	resulting in death)		TE TIF			C ZMICI	416		11/4		7000
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	R AS A CONSEQUENCE) 360 (CE OF):	K						10/HE3
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	cDUE TO (O	R AS A CONSEQUENC	CE OF):							
SERT	resulting in death) LAST	d									
	PART II. Other significant condition	ns contributing to d	eath but not result	ing in the un	derlyin	g cause given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL							_	1 TYES 2	NO		OF DEATH?
ž											
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C)	reck only on	0)			
Š	1 TES 2 NO	HOSPITAL:	R/Outpatient 3 D	OTHER	t; iing Hom	e 6 🗆 Residence	6 DOther	(Specify)	OSP1	MAC	CCU
Y PH	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF IN (Month, Day,	JURY 28b Year)	TIME OF INJURY		URY AT PRICE 2 NO	28d. DES	CRIBE NOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF building, at	INJURY — At home, te c. (Specify)	orm, atreet, fact			281. LOC	ATION (Street or Town, State)	and Number	or Rural A	loute Number,
PLET	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of m	y knowledge, death or	curred at the ti	ime, date	and place, and dur	to the cau	se(s) and mar	oner ee ete	ted	
COMPLETED	one) 2 MEDICAL EXAMINI) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NU	MBER		29d, DAT	E SIGNED	(Montp. Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH STEM OT	(Time Print)		D401	51		•	1/2	9/92
	JEFFREY D.	20NES,		354	1/h	WS+	. +	tag_	ms	> ~	21740
	31. DATE FILED (Month, Day, Year) JAN 30 1992	32 REGISTRAR	SSIGNATURE					0			

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		C	CRIT	ICATE OF		Н	REG. N	^		
	1. DECEDENT'S NAME (First, Middle, Last)		/	7	IOAIL O.	DEAT	-	2. DATE OF DEATH			3. TIME OF DEATH
	WILLIAM		(BUL	USELME	201			DAY 199	YEAR	1235 "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF BIRTH	177	a BIRTHD	LACE (State or Foreign
	222 14 6346	1 M 2 F	66	YRS.	MONTHS DAYS		MIN.	(Month, Day, Year) 6/15/	/25	Country)	
	9a. FACILITY NAME (If not institution, give s	street and number)	40		9b. CITY, TOWN	OR LOCATION	N OF OF		_	TTY OF DEA	uston, De.
œ	PENINSULA GENER		PAT			LISBU		AIII			
DIRECTOR	RESIDENCE OF DECEDENT	TE HODILI	.AL		SA	TTODO	K I		M	ICOM:	LCO
Ä	10a, STATE 10b, COUNT	Υ		10c. CIT	Y, TOWN OR LOCA	TION				- 0	IOd. INSIDE CITY
	De. Ke	ent			Houst	con					LIMITS?
AL	10e, STREET AND NUMBER					. ZIP CODE			10g. CITI		IAT COUNTRY?
EB	Scl	hool St	reet.			199	54			U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS DEC	CENDENT OF	NISPAN	IIC ORIGIN? (Specify Y		14. RACE -	- American Indien,
ВУ Е	1 Never Married 2 Married	IF YES, GIVE W	YES 2 NAR OR DATES	NO	If yes, sp	ecify Cuben,	Maxice	n, Puarto Rican, atc.)		Black, Specify:	White, atc.
	3 Widowed 4 Divorced						op com,			Specify.	White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	18a. Df	ECEDENT'S	USUAL OCCUPATION	ON out of working		16b. KIND OF B	USINESS/IND	USTRY	
Ü	Elementary/Secondery (0-12)	College (1-4 or 5 a	+)	. Do NOT us	se retired.)						
MP	12	4		red:	it Mgr.			Aut	omob:	ile :	Business
00	17. FATNER'S NAME (First, Middle, Last)						R'S NA	ME (First, Middle, Meide	n Surneme)		
BE	John Be	enton Co	ounselr	nan			Bla	anche Pe	arce		
TO E	19a. INFORMANT'S NAME (Type/Print)		18	b. MAILING	ADDRESS (Street a			loute Number, City or To		Code)	
-	Stella K. Cou		a	S	chool S	Stree	t.	Houston	. De		19954
	20s. METNOD OF DISPOSITION 3 Burlel 2 Cremetion 3 Rem	ovel from State	20b. PLACE	ANDDATE	OF DISPOSITION (No						
	4 Donation 5 Other (Specify)	OVAL HOIL STATE	- Barra	atts	Chapel	30.3.		1/24/92 BILITY	Fred	aric	a.De.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Λ		22 NAME A	NO ADDRESS	OF FA	CILITY	Dans	1 1	V.
D.	Willeton a	Biene	Qu,					Berry			
	23. PART i. Enter the diseases, pr				P.(). BO	X Z	202, Mil	rora	, ne	. 19963
	shock, or heart failure.	List only one cou	se on such line	istn. Do n b.	ot anter the mo	de of dying	g, sucl	as cardiac or rea	alratory sm	est,	Approximata Intarvsi Between
	iMMEDIATE CAUSE (Finel disease or condition	0	-								Onast and Death
	resulting in death)	a. Resy	pullo	22	Ama	K					
					r						
O	Sequentially list conditions,	b. DUE TO	(OR AS A CONSE	2	ME ONA	r L	ME	ART 1	147511	M	
F	if any, leading to immediate cause. Enter UNDERLYING	502 10					0 -	-			
윤	CAUSE (Disesse or injury that initiated events	C. OUE TO	(OR AS A CONSE	ATIZ I	7/174	ME	BR	CTION			
E	resulting in death) LAST		,	0021102 01) -						
CERTIFICATION											
		d									
A	PART II. Other algorificant condition	d.	death but not i	eaulting i	n the underlying) cause giv	ven in				/ERE AUTOPSY FINDINGS
DICAL	PART II. Other algolificant condition	d	death but not i	resulting i	n the underlying	j cause glv	ven in	PERFO	RMEO?	A	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO DMPLETION OF CAUSE
MEDICAL	PART II. Other algorificant condition	d	death but not i	reaulting i	n the underlying	g cause glv	ven in		RMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDICAL	PART II. Other algnificant condition	d	death but not i	reaulting (n the underlying	g cause giv	ven in	PERFO	RMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE
IAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	d	death but not i	reaulting i				PERFO	RMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL		HOSPITAL:			28. PL	ACE OF DEA	ATN (Che	PERFO	RMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Selepation 2 28e. DATE OF	ER/Outpatient 3	DOA 28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c, INJ	LACE OF DEA	ATN (Che	PERFC 1 YES ack only one) 6 Other (Specify)	PRMED?	1 1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL:	ER/Outpatient 3	DOA 28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c. INJ URY WO	LACE OF DEA	ATN (Che	PERFO	PRMED?	1 1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Natiopatient 2 28e. DATE OF (Month, Du	ER/Outpatient 3 INJURY ay, Year) FINJURY — At ho	28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c, INJ URY WO 1 1	LACE OF DEA	ATN (Che	PERFO 1 YES ck only one) 8 Other (Specify) 28d. DESCRIBE NOW	PRMEO? 2 NO NO INJURY OCC	A C C C C C C C C C C C C C C C C C C C	WAILABLE PRIOR TO DMPLETION OF CAUSE IF DEATH? YES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Natiopatient 2 28e. DATE OF (Month, Du	ER/Outpatient 3 INJURY sy, Year)	28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c. INJ URY WO	LACE OF DEA	ATN (Che	PERFC 1 YES ack only one) 6 Other (Specify)	PRMED? 2 NO INJURY OCC	A C C C C C C C C C C C C C C C C C C C	WAILABLE PRIOR TO DMPLETION OF CAUSE IF DEATH? YES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide S Could not be determined	HOSPITAL: 1 Nationalism 2 = 280. DATE OF (Month, Dullding, 28a. PLACE Olbuilding,	ER/Outpatient 3 INJURY ey, Year) F INJURY — At ho atc. (Specify)	28b. TiMJ	28. PL OTHER: 4 Nursing Nom BE OF 28c. INJ WO 1 1	LACE OF DEA	ATN (Che	PERFO 1 YES 1 YES Ck only one) 8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State	INJURY OCC	1 1 SURED	WAILABLE PRIOR TO DMPLETION OF CAUSE IF DEATH? YES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Ninpettent 2 28e. DATE OF (Month, Di 28a. PLACE Of building,	ER/Outpatient 3 INJURY ey, Year) FINJURY — At he atc. (Specify) my knowledge, da	28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c, INJ URY M 1 1	ACE OF DEA	ATN (Che denca NO	PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(s) and markets.	INJURY OCC	A C C O O O O O O O O O O O O O O O O O	WAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Deinpatient 2 28e. DATE OF (Month, Deinstein) 28e. PLACE OI building. CIAN: To the beat of ex.	ER/Outpatient 3 INJURY ey, Year) FINJURY — At he atc. (Specify) my knowledge, da	28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c, INJ URY M 1 1	ACE OF DEA	ATN (Che denca NO	PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, State to the cause(s) and markets.	INJURY OCC	A C C O O O O O O O O O O O O O O O O O	WAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Deinpatient 2 28e. DATE OF (Month, Deinstein) 28e. PLACE OI building. CIAN: To the beat of ex.	ER/Outpatient 3 INJURY ey, Year) FINJURY — At he atc. (Specify) my knowledge, da	28b. TIMI	28. PL OTHER: 4 Nursing Nom E OF 28c, INJ URY M 1 1	ACE OF DEA	NO NO I at the	PERFO 1 YES 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stant to the cause(s) and mailme, date end place, e	INJURY OCC	CURED Or Rural Rounded	WAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	HOSPITAL: 1 Stringstlent 2 28e. DATE OF (Month, Did building.) 28a. PLACE OI building. CIAN: To the best of ex.	ER/Outpatient 3 INJURY ey, Year) F INJURY — At ho atc. (Specify) my knowledge, da xemination end/or	DOA 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 28	28. PL OTHER: 4 Nursing Nom E OF URY M 28c. IMJ WO 1 1 1	ACE OF DEA	NO NO SE NUM	PERFO 1 YES 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stant to the cause(e) and mailine, date end place, a	INJURY OCC and Number as state and due to the	CURED Or Aural Acut od . a cause(a) a Signed (A	MAILABLE PRIOR TO DIMPLETION OF CAUSE IF DEATH? YES 2 NO International Notation of Cause Internation of Cause International Notation of Cause International Notation of Cause International Notation of Cause International Notation of Cause Internation of C
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Deinpatient 2 28e. DATE OF (Month, Dubliding, 28a. PLACE Olibuilding, CIAN: To the best of ex. R O COMPLETED CAUS	ER/Outpatient 3 INJURY ey, Year) F INJURY — At ho atc. (Specify) my knowledge, da xemination end/or	DOA 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 28	28. PL OTHER: 4 Nursing Nom E OF URY M 28c. IMJ WO 1 1 1	ACE OF DEA	NO NO SE NUM	PERFO 1 YES 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stant to the cause(e) and mailine, date end place, a	INJURY OCC and Number as state and due to the	CURED Or Aural Acut od . a cause(a) a Signed (A	MAILABLE PRIOR TO DIMPLETION OF CAUSE IF DEATH? YES 2 NO International Notation of Cause Internation of Cause International Notation of Cause International Notation of Cause International Notation of Cause International Notation of Cause Internation of C
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Stringstlent 2 28e. DATE OF (Month, Did building.) 28a. PLACE OI building. CIAN: To the best of ex.	ER/Outpatient 3 INJURY ey, Year) F INJURY — At ho atc. (Specify) my knowledge, da xemination end/or	28b. TIMI 1NJ 28b. TIMI 1NJ 1me, farm, s 1nth occurre Investigation	28. PL OTHER: 4 Nursing Nom E OF URY M 28c. IMJ WO 1 1 1	ACE OF DEA	NO NO SE NUM	PERFO 1 YES 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stant to the cause(e) and mailine, date end place, a	INJURY OCC and Number as state and due to the	CURED Or Aural Acut od . a cause(a) a Signed (A	MAILABLE PRIOR TO DIMPLETION OF CAUSE IF DEATH? YES 2 NO International Notation of Cause Internation of Cause International Notation of Cause International Notation of Cause International Notation of Cause International Notation of Cause Internation of C
BE COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Deinpatient 2 28e. DATE OF (Month, Deine Collant: To the best of extended of extended collaboration) R: On the best of extended collaboration of extended collabo	ER/Outpatient 3 INJURY ey, Year) F INJURY — At ho atc. (Specify) my knowledge, da xemination end/or	29b. TIMI 1NJ ome, farm, s eath occurre investigation	28. PL OTHER: 4 Nursing Nom E OF	ACE OF DEA	NO NO SE NUM	PERFO 1 YES 1 YES Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Town, Stant to the cause(s) and mailme, date end place, e	INJURY OCC and Number as state and due to the	CURED Or Aural Acut od . a cause(a) a Signed (A	MAILABLE PRIOR TO DIMPLETION OF CAUSE IF DEATH? YES 2 NO International Notation of Cause Internation of Cause International Notation of Cause International Notation of Cause International Notation of Cause International Notation of Cause Internation of C

0172 02710

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
1. DECEDENT'S NAME (First, Middle, Las	1)			2. DATE OF DEATH		3. TIME OF DEATH
Ernest	Greene	Cooper		Jan. 14		YEAR 11 45 A
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	7 DATE OF BURE		Assembly to the second
125-22-5883 9s. FACILITY NAME (If not institution, giv	1 🖵 M 2 🗆 F	81 YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Year) 01 04	1911 N	Country) Maryland
		t	9b. CITY, TOWN OR LOCATION OF Denton	DEATH	9c. COUNT	y of DEATH Dline
RESIDENCE OF DECEDENT						
1107 South Se RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland	m Caroline	10c. CIT	r, town or location Dento	n		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		10a CITIZE	N OF WHAT COUNTRY?
100. STREET AND NUMBER 1107 South Se 11. MARITAL STATUS 1 Never Married 25 V Married			21629			SA
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR WW II	S 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma: 1 YES 2 NO Sp	rican, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: Caucasian
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (D-12) HS grad.11 17. FATHER'S NAME (First, Middle, Last)	OUCATION (In completed)	16e. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF E	USINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT us	rork done during most of working a retired.)			
HS grad.11	3	Pilot		Comm	ercial	l airlines
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Maid	en Sumame)	
Ernest Green	e Cooper				ouse	
		19b, MAILING	ADDRESS (Street and Number or Ru	ral Bruda Number City or T	Carro State 7in C	ordel.
Eleanor E. Co	oper		7 South Seco			
20e. METHOD OF DISPOSITION	1 20		F DISPOSITION/Name of			y or Town, State
1 XBuriel 2 Cremetion 3 Ra 4 Donation 5 Other (Specify)	move from State					Maryland
21. SIGNATURE OF HUNERAL SERVICE	JOHNSEE	encon ce	22. NAME AND ADDRESS OF		ncon,	Maryland
& Kandold	Moore	/	Moore Fun	eral Home		
23. PART i. Enter the diseases of	complications that cause	nd the death. Do n	Drawer B.	Denton,	Maryla	and 21629
SHOCK, OF HEART TANKER	Liat only one ceuse on	eech line.	or enter the mode of dying, s	uch ae cardiec Dr rea	piratory arree	t, Approximete interval Batween
iMMEDIATE CAUSE (Final disease or condition	4)	0	0 1 1-			Onset and Daat
resulting in death)	a. acut M	y : carlo.	- mardo			so the
1	DUE TO (OR AS	A CONSEQUENCE OF	cali us rul			
Sequentially liet conditions,	o. Ante 101 -	unt-	Conti vis sul	and ne	~	year
If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):			
cause. Enter UNDERLYING CAUSE (Disease or injury	c					
that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):			
	d					
PART ii. Other significant condition	one contributing to death	but not resulting is	s the underlying cares along	In Boat Law was		
PART II. Other significant condition		but not resulting in	the underlying couse given	IN Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
28. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)		
1 TYES 2 TNO	1 - Inpatient 2 - ER/Out		4 Nursing Home 5 Residence	e 6 Other (Specify)		
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUP	RED
1 Natural S Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M 1 YES 2 ND	,		
	28s. PLACE OF INJUR	Y — At home, farm, at	reet, factory, offica	28f. LOCATION (Stree	t and Number or	Rural Route Number
4 Homicide determined	building, atc. (Spi	эспу		City or Town, State	9)	
29a. CERTIFIER 1 E CERTIFYING PHY	SICIAN: To the heat of any know	didos de disco				
3 Sutcide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	IER: On the basis of examination	wiedge, death occurred on and/or investigation	d at the time, data and place, and d , in my opinion, death occured at t	us to the cause(s) and m he time, data and place, a	enner as stated, and due to the c	ause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF			29c. LICENSE N		·	
	lye Mo			1253		IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W		EATH /ITEM OT /T		-03	0/	115/52
			. Fifth Ave.	, Denton.	MD 2	1629
31. DATE PILED (MORRIT, Day, 1987)	I 32. REGISTRAR'S SIGI	VATURE		, Delioon,	IID Z	1027
1AM 1 6 '92	Lucia Saindra	. 10				

TO THE HOSPITAL DR ATENDING PHYSICIAN. The law requires that the death certificate be executed within 22 pt and after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1, 2, 3 should	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. Ander this certificate have stored by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	Agiene phor it
PHYSICIAN: The Iaw	this certificate has be	will the State Dept.
TO THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this	IMPORTANT: If hom 28 is marked
TO THE HOSPITAL	TO THE FUNERAL	De med within /2

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND N	IENTAL HYGIEN			, , , ,
	1. DECEDENT'S NAME (First, Middle, Lest)	1 2		Dici	K	2. DATE OF DEATH	DAY Y	FAR	OF DEATH
	4. SOCIAL SECURITY NUMBER 7 220 ~ /6 ~ 0 /96	1 M 2 4	7 7 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1	BIRTHPLACE (S	
TOR.	90. FACILITY NAME (If not institution, give so Washington Co. RESIDENCE OF DECEDENT			Hagers	stown,	ATH	Wash:	of DEATH ington	1
DIRECTOR	10e. STATE 10b. COUNTY	ington		POOL,	ION			1 104	IDE CITY
FUNERAL	10503 Nationa				ZIP CODE		U S	A .	INTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 0000	13. WAS DEC If yes, spe 1 YES	ecify Cuben, Maxican	C ORIGIN? (Specify Ye, Puarto Rican, atc.)	a or No 14	RACE — Ameri Black, White, a Specify: Wh	ican Indian, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Etementary/Secondary (0-12)			usual occupation ork done during mose retired.) nemaker	st of working	House	SINESS/INDUS	TRY	
BE COI	17. FATHER'S NAME (First, Middle, Last) Ralph	leaver			18. MOTHER'S NAM Ruth	E (First, Middle, Meider	MINTS.	wers	
10	19a. INFORMANT'S NAME (Type/Print) Ruth Wolford		19b. MAILING 10519	ADDRESS (Street at	nd Number or Rural Ac nal Pik	e Big P	vn, State, Zip Co	D. 217	11
	20a METHOD OF DISPOSITION 1-1-1 Burial 2 Cremation 3 Ramo 4 Donatton 5 Other (Specify)		PLACE AND DATE O	r Penet	ery 2-5	-92 Bi		l, MD.	
	21. SHANATURE OF RUNERAL SERVICE LIC	ENSE	ub	²² D oh a	Box 310	Mompson Clear	Funer Sprin	ral Hog, MD. 2	me, In
	23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Due To (DR AS A	Pulm	onaki		es cardlec or reep		inte	proximeta erval Between eat and Dasth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A (11,118				
PHYSICIAN: MEDICAL C	PART II. Other significant condition		t not resulting in	the underlying	Cause given in P	art I. 24a, WAS AN PERFOI	RMED?	AVAILABLE COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO TION DF CAUSE 17 3 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chec				
н	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	5 ☐ Rasidence 8 JRY AT RK? ES 2 ☐ NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY - building, etc. (Specify	— At home, ferm, st			28f. LOCATION (Street City or Town, State)	and Number or F	Rurel Route Numb	Per,
COMPLET		CIAN: To the best of my knowled. 3: On the basis of examination.						use(s) and man	ner as stated.
O BE C	296. SIGNATURE AND TITLE OF CONTIFIER	R MO.	Pennel	Physica	29c. LICENSE NUME	4359	29d. DATE SI	GNED (Month, De	14. Year) 1991
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, I	Poton	nac K	JUP, K	lage	vstor	m
	FEB 04 1992	32. REGISTRAR'S SIGNAT	TURE				J		

	RAYMOND P. DORN							2. DATE MONT		199	YEAR	12:46 P
	4. SOCIAL SECURITY NUMBER 214 07 1771	6. SEX	6. AGE (In	yrs. last birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)			ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, SACRED HEART I	OSPITAL					LAND, MAI		ND		TY OF DEA	
DIRECTOR	10a, STATE 10b, CO	DUNTY			ry, town		TION					d. INSIDE CITY
	10e. STREET AND NUMBER	LEGANY		FR	OS'I'BI	1	I. ZIP CODE	-	-	1	EN OF WH	YES 2 NO
BY FUNERAL	303 MARYLAN 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE WW II	NT EVER IN U 1 🖅 YES WAR OR DAT	J.S. ARMED 2 NO ES		If yes, sp	21532 CENDENT OF HISPAI ecity Cuban, Mexica 3 2 (2)NO Specific	n, Puerlo		_	S.A. 14. RACE - Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5		Give kind of life. Do NOT L	work done ise retired.)	during mo	ost of working		b. KIND OF BU			
	17. FATHER'S NAME (First, Middle, Last ANGELO DOR						16. MOTHER'S NA RAF		Middle, Maider		E	
TO BE	190. INFORMANT'S NAME (Type/Print) SUSAN WINNER		become and				and Number or Rural SOL ROAD					32
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Donation 5 Other (Specify		20b. I	PLACE AND DAT	E OF OIS	POSITION		OA"	TE 20c. LC	OCATION —	City or Town	
	23. PART I. Enter the diseases ahock, or heart fel IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. QA	RDIA	C AR	not ente	r tha mo	71	ch aa ca	rdiac or reap	olratory arr	-	Approximate Interval Betwee Onset and De
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с		CONSEQUENCE		RD1/	IL IA) FAI	RC 110,	<i>N</i>		
: MEDICAL CE	PART II. Other algorificent con	ditiona contributing to						Part I.	24a. WAS AI PERFO 1 YES	RMED?	6	VERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	☐ ER/Outpat	Nent 3 DOA	OTHE	R:	LACE OF DEATH (Ci					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig	28a. DATE O (Month,		26b, TI	1	28c. IN	JURY AT ORK? YES 2 NO		EŞCRIBE HOW	INJURY OCC	CURED	
	3 Suicide a Could n 4 Homicide detarmin	ot be building	OF INJURY - g, etc. (Specif	At home, ferm,	street, fa	ctory, offi	ca	281, LO	CATION (Street y or Town, State	t and Number e)	or Rural Ro	rte Number,
OMPLET	one)	PHYSICIAN: To the best of										and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CEI	VIIFIER AND	1.0	NO.		14	29c. LICENSE NU	MBER	3 8	29d. DAT	E SIGNED (Aonth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700. Print)

SATURNINA T. CHANG M. D. F

31. DATE FILED (Month, Day, Year)

JAN 3 1 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

FROSTBURG PLAZA, FROSTBURG, MD 21532

		Hargaree 21. Deal
		4. SOCIAL SECURITY NUMBER 5.
목		217-05-8758
sho	000	9s. FACILITY NAME (If not institution, give street
2, 3	2	Frostburg Hospita
020 physician. burial-transit permit. Pages 1, 2, 3 should	BY FUNERAL DIRECTOR	10s. STATE 10b. COUNTY
P.	뜸	MD. Aller
ermit	1	10e. STREET AND NUMBER
St.	8	41 Douglas Avenue
cian. I-tran	Z	11. MARITAL STATUS 12
D2C physi buria	匠	1 Never Married 2 Married
ding a	9	3 Wildowed 4 Divorced
r attenduse as	COMPLETED	15. DECEDENT'S EDUCATI
21 21 30 us	li i	(Specify only highest grade con Elementary/Secondary (0-t2)
D spits	릴	8
-AND the hospit detached	Š	17. FATHER'S NAME (First, Middle, Last)
2 Pe 4	Ш	Thomas Houghton
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the bunal notified at once.	TO BE	19s. INFORMANT'S NAME (Type/Print)
5 si	12	Richard A. Dean
ay be		20s. METHOD OF DISPOSITION
E 6 may be retained by rector, page 5 should be must be notified at		1 N Burtal 2 Cremetion 3 Removal 4 Consular 5 Other (Specify)
Page 1		21. SIGNATURE OF FUNERAL SERVICE LICENS
BALLIMORE, er death. Page 6 may be the funeral director, page val. I examiner must be		NIVIA M
the the oval.		· Nume
The Indicate Cords, F.C. BOX 68/60, The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-traine bear, of Health and Mertal Hygheire pinor to builal, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		23. PART i. Enter the diseases, or com shock, or heart feliura. List
filled on, or		IMMEDIATE CAUSE (Final
thin 2 stety matic		disease or condition resulting in death)
d with		/
ocute and co	Z	Sequentisily list conditions,
oe ex	Ĕ	if any, laeding to immedieta
hysic price	2	cause. Enter UNDERLYING CAUSE (Disease or Injury
other pertific	별	thet initieted events resulting in death) LAST
ath c ttendi	H	resulting in death) CAST
AL INCOLLOS, F.O. BOX 08/100, he law requires that death certificate be executed with hes been signed by the attending physician and complete to Dest. of Health and Mental Hyghene prior to bunial, crem in 23 shows any Injury, or other traumatic event	3	PART II. Other significant conditions or
and and It	S	Verill
ires t		1 Pono
requi	Σ	- Aller
law has b Dept.	AN	25. WAS CASE REFERRED TO MEDICAL
tate The	<u> </u>	EV A A A A A A A A A A A A A A A A A A A
CtAN ertific	ΥS	1 VES 2 NO
HYSI o	표	27. MANNER OF DEATH 1 Natural 5 Pending
NG P fter t mari	BY	2 Accident Investigation
ENDI PR: A ter de	0	3 Suicide S Could not be
TO THE HOSPITAL DAY ATTENDING PHYSICIAN: The NOT HE FUNEAL DIRECTOR: After this certificate, be fied within 72 hours after death with the State In MPORTANT: If Item 28 is marked, or Item	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	4 Homicide determined
Pour Pour	PL	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN
SPITA HERA III 72	O	one) 2 MEDICAL EXAMINER: O
FUN WITH	Ö	196. SENANGRE AND TITLE OF CERTIFIER
HE SEG	8	Mary Mes
2 6 8 ₹	0	00000

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)						DEA		2. DATE OF D	DEATH			3. TIME OF DEATH
	Margaret		an							01		6	92	18:15 р м
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.	lest birthday)		R 1 YEAR	IF UNDER		7. DATE OF B	HRTH Want		a. BIRTHE	LACE (State or Foreign
	217-05-8758 1 M 2 X 100 YRS. MONTHS DAYS HOURS MIN. 09 02 1891 Indiana								ana					
- 1	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH													
5	Frostburg Hospital Frostburg Allegany									У				
	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 104 INSIDE CITY									10d. INSIDE CITY				
	MD.	317	ين رد			nacor								LIMITS?
	10a. STREET AND NUMBER							f. ZIP COD	E			10a, CIT		1 YES 2 NO
	41 Douglas	Avenu	ie					- 2	21539)			USA	
	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT (OF HISPAN	IC ORIGIN? (Sp	ecity Yes	or No-	14 BACE	- American Indian,
12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Divorced 1 Never Married 4 Divorced 1 Never Married 5 Never Married 6 Never Married 7 Never Married 8 Never Married 8 Never Married 10 Never Married 10 Never Married 11 Yes 2 Never Married 11 Yes 2 Never Married 12 Never Married 12 Never Married 13 Never Married 15 Never Married 16 Never Married 16 Never Married 17 Never Married 17 Never Married 17 Never Married 18 Never Married 18 Never Married 19								White, etc.						
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	18e,	DECEDENT'S	USUAL O	CCUPATI	ON	200	16b. KINI	OF BUS	INESS/INE	DUSTRY	
	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	House	se retired.)					Own	Home	9	
	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Maiden S	Sumame)		
	Thomas H	Joughto	on]	Edith	n Priso	cilla	a (Hı	itt)	
	19s. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRES	S (Street			loute Number, C				
	Richard A		1		311 M	ontro	ose	Dr.,	Cato	onsvil]	le, I	MD. 2	21228	
	20s. METHOD OF DISPOSITI	o 2 Dame	oval from State	cematery.	CE AND DATE O	ther place!			1,-110	DATE	20c. LOC	CATION —	City or Tow	n, State
	4 Committee 5 Control		who /	110.	O.F. (cemet	tery			1/29	Elk	Gard	den,	W. Va.
1	- I V. V	7	90	4D		22.	NAME A	ND ADDRE	SS OF FAC		nt Fi	mera	al Ho	me
	NIU	m	J7 V1	1~		30	09 D	ecati	ır St	. Cim	nher]	land	MD	21502
	IMMEDIATE CAUSE (Fin disease or condition resulting in death)	aai	List only oper cal	ute	Leavence of	eD.	1/4	AD.	ry die		lu		est,	Approximete Intervsi Between Oneat and Desth
	Sequentially list conditi if any, laeding to immer- cause. Enter UNDERLY! CAUSE (Disease or inju- thet initieted events resulting in death) LAS	dieta NG Iry T	(OR-AS V CONS		I/R		H	a	T.0	Di	je	as	e
	PART II. Other significa	nt conditions	contributing to	death but not	resulting i	n the up	derlyin	g cause g	iven in F	Part I. 24s.	WAS AN			WERE AUTOPSY FINDINGS
		since	100	descr	a.	>//	PI	1	11	10	PERFORM	1/	(WAILABLE PRIOR TO COMPLETION OF CAUSE
	-/	ana	l X	all	in	911					/	1		OF DEATH?
		the	my	1/										
	25. WAS CASE REFERRED TO	MEDICAL	HOSPITAL:	_				ACE DF D	EATH (Che	ck only one)				
	1 U YES 2 NO			ER/Outpatient	3 🗆 DOA	OTHER		6 5 □ Rs	sidencs 5	Other (Spe	city)			
		Pending investigation	28s. DATE OF (Month, Di	INJURY Iy, Year)	28b, TIMI	E OF URY M		URY AT PRK? YES 2		28d. DESCRIB	E HOW IN	JURY OC	URED	
		Could not be determined	28s. PLACE Of building,	FINJURY — At lete. (Specify)	home, term, s	treet, fact	ory, offic	8		28t. LOCATION City or Tow	(Street ar	nd Number	or Rural Rol	ute Number,
	29e. CERTIFIER (Check only one) 2 MEDI	IFYING PHYSIC	CIAN: To the best of	my knowledge, amination and/o	death occurre	nd at the ti	lme, date	end placs,	and dus t	to the cause(s)	and manr	dus to th	ed. e cause(s)	end manner ee atated.
	SPINASORE AND TITLE	14	yun	R	, 1	n D)	29c, LICE	NSE HUME	95 /	/	29d. DAT	SIGNED (A	Month, Day, Year)
	Dr. Chang	H. Qb		tburg H			48 1	arn	Terra	ace F	rost	burg	, MD	21532
	JAN 3 0 1		32. REGISTRA	R'S SIGNATURE	62									

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DIVISION OF VITAL RI	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or phasistan
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Decr. of Health and Mental Hydiene orior to burlat cremation, or removed
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		0710
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	GLADYS	Μ.	DECKE	RHOFF		0 1 28	AY YEAR 1992	9:34 A.M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. in	ast birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign
	_ 213_50_3157	□ M 2√√F 71	YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year)	Count	
	213-50-3157 9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN O	R LOCATION OF DI	EATH US UT 13	9c. COUNTY OF	DEATH
DIRECTOR	MEMORIAL HOSPIT	AL	C	UMBER	LAND		ALLEGA	NY
<u>5</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			WN OR LOCAT			THE BEST	
Ë			IUG. CITY, TO	WN OR LOCAL	ION			10d. INSIDE CITY LIMITS?
	MD Alleg	any	Cuml	perland	ZIP CODE		T.	1 TES 2 XX
A				107.			10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	P.O. Box 6341	WAS DECEDENT EVER IN U.S. A	BMED	12 1120 050	21502		USA	
		FORCES? 1 YES EVEN	NO	If yes, spe	cify Cuban, Mexica	HIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	Blac	E American Indian, k, White, alc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAR ON DATES"		1 U YES	2 NO Specif	y:	Spec	
8	15. DECEDENT'S EDUCATION (Specify only highest grade comp		ECEDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BU	SINESS/INDUSTRY	white
Щ			Give kind of work to. Do NOT use ret	done during mos ired.)	st of working			
를	12	2	homemak	er		own	home	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		
BE (Alan B. Prosise	3			Ruth	Adam		
0	19a. INFORMANT'S NAME (Type/Print)	1	96. MAILING ADD	PRESS (Street as	nd Number or Rural	Route Number, City or Tow	n, Stete, Zip Code)	
-	Mr. Richard C. De	ckerhoff	P.O. Bo	x 6341	Cumber]	and, MD 2	L502	
	20a. METHOD OF DISPOSITION TyC Burlet 2 ☐ Cremetton 3 ☐ Removal		E AND DATE OF DI		me of	DATE 20c. LO	CATION — City or To	own, State
	4 Donation 6 Other (Specify)	Sunse	et Memo		ark	2-1 C	umberland	I MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	11	22. NAME AN	D ADDRESS OF FA			
	Janes 10	(100 wo/1	/ .	Scar	pelli Fu	neral Home	2	
	23. PART V Enter the diseases, or comp	plicetions that caused the d	leath. Do not	Cumb	erland, da of dying, suc	MD 21502 h as cardiac or resp	ratory arrest.	Approximata
	ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Multiport To the total and the	rle	lny	une	2		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSE						
MEDICAL	PART II. Other significent conditions co	ntributing to deeth but not	resulting in th	e underlylng	ceuse given in	Part I. 24s. WAS AN PERFOR	MED7	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
S		OSPITAL: Inpatient 2 (X ER/Outpatient		HER:		8 Other (Specify)		
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 01-28-1992	8:48A	M 1 Y				CK BY AUTO
	Suicide 6 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)		, factory, office	- ^ ^	281. LOCATION (Street I		
門	4 Homicide determined		N STRE	EΤ		PINE RII	CE PD 8	REDECED
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowledge, d			and place, and due			COUR
\ <u>\times</u>		the besis of examination and/or						
	29h. SIGNATURE AND INTUINOF CERTIFIER	M			29c, LICENSE NUN			
R	1/2/1	11/~			O.C.M.I		≥ 0 1 - 2 9	
2	36 NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print		J. J. H. 1	•	. 01-23	1 2 3 %
	FRANK J. RE	NETTI, M	111 PE		REET BA	ALTIMORE	MARYLAN	ND 21201
	31. DATE FILED AN 35 1992	M. WEGISTMAR'S SIGNATURE	notett.					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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- OIAIC	15 per F.H. STATE OF MAR	RYLAND / DEPARTI	192 reb		NE	2 03/16
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY YEA	
VALENCIA MUNSON				JAN.		
4. SOCIAL SECURITY NUMBER 214-05-7941	1 DM 2 TXF		FUNDER 1 YEAR IF UNDER 24 HR	(A4 O 161	T939 0	RTHPLACE (State or Foreign unitry) WV
9a, FACILITY NAME (If not institution, give SACRED HEART HO		9	b. CITY, TOWN OR LOCATION OF CUMBERLA		9c. COUNTY O	
RESIDENCE OF DECEDENT	701 211113				TABLE	321111
	legany		esaptown			10d. INSIDE CITY LIMITS? YES 2 NO
14708 Connecti	cut Avenue		10f. ZIP CODE 21502		10g. CITIZEN O	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X IF YES, GIVE WAR O X II	XES 2 □ NO OR DATES	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 STOP Se			ACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S US	WAL OCCUPATION k done during most of working	16b. KIND OF I	SUSINESS/INDUSTR	ry
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	office worker	So	cial Sec	urity Off.
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Maid	len Surname)	
Leonard Daws	son		Ne	ettie Major		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	ODRESS (Street and Number or R	ural Route Number, City or	lown, State, Zip Code)
Mrs. Darlene K	Gauffman	14708	Connecticut 1	Avenue Cres	saptown,	MD 21502
208/METHOD OF DISPOSITION 1	noval from Stata	20b. PLACE AND DATE Of cemetary, crematory of FOYEST Lav	r disposition (Name other place) In Memorial Ga	DATE 20c.	Ft. Lau	derdale, FL
21. SIGNATURE OF FUNERAL SERVICE L	Cau	pull		Funeral Ho 1. MD 21502		
23. PART / Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions,	a. Can DUE TO (OR		action the mode of dying,	auch ae cerdiac or re	apiratory arrest,	Approximate Interval Between Onset and Death 3 do y
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE OF):	(j)			
PART II. Other algoriticant condition Hatus Ostura-A	herma	eth but not resulting in	the underlying couse give	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)		
1 U YES 2 NO			OTHER: Nursing Home 5 - Reside	nca 8 🗆 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, 1)	JURY 26b. TIME (NJU	OF 28c. INJURY AT WORK? M 1 YES 2 NO		W INJURY OCCURE	D
3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF IN building, etc.	JURY — At home, farm, atr . (Specify)	eet, factory, office	28f. LOCATION (Str. City or Town, St	et and Number or R ate)	ural Route Number,
const only			at the time, data and place, and in my opinion, death occured a			use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	Bu	Mo	29c, LICENSE	NUMBER 2 5 3 C	29d. DATE SIG	INED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W			DRIVE CUMBERI	LAND, MD. 2	1502	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	Marie 10 (10 mm)						92	2 03717	
	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTA	REG. NO.	Ε		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	AMANDA	Ε.		DURR				5, 199	10:05A M	
	4. SOCIAL SECURITY NUMBER 212-74-1138	1 🗆 M 2 📈	E (In'yhs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Moth)	о г в іятн 9 ²⁸ 1772 1	.901	BIRTHPLACE (State or Foreign Country)	
æ	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DE						
5	Memorial Hospital	enter	er Cumberland			Allegany				
DIRECTOR	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
	MD Allegany 104. STREET AND NUMBER			Cresaptown				YES 2 NO		
FUNERAL	14427 McMullen Highway			21502				N OF WHAT COUNTRY?		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			ARMED 13 WAS DECEMBENT OF HIGHE			? (Specify Yes	I. RACE — American Indian,		
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	S Z NO	If yes, specify Cuban, Maxica 1 YES 2 NO Specif			n, Puarto Rican, etc.) Black, White, a				
	3 Widowed 4 Divorced 15. DECEDENT'S ED	160 DECEDENT'S						white		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY			
APL	12	homen	homemaker			own home				
S	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maiden Surneme)			
BE (Joseph Buckel			Alic			ce Bittinger			
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							ode)		
'	Nora M. Breighner Cresaptown, MD 21502									
	Lo Burial 2 Cremation 3 Removal from State cemetery, cre			EAND DATE OF DISPOSITION (Name of rematory or other place)			DATE 20c. LOCATION — City or Town, Stata			
	THITTETESL BULLAT					rk 1-28 Cumberland, MD				
	Scarpelli Funeral Home									
	23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, ahock, or heart failure. List only one cause on each line.									
	IMMEDIATE CALLER /First									
	disease or condition— resulting in death) a. Acute lugicular Dufurdin Due TO (OR AS A CONSEQUENCE OF):									
_	DUE TO (OR AS A CONSEQUENCE OF):									
Į į	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
H	that initisted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						
CER	d									
AL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in									
MEDICAL							PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DEF DEATH?			
									1 TES 2 NO	
N										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS	1 YES 2 ATO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e. DATE OF INJURY			e 5 🗆 Realdence	_				
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)		28b. TIME OF INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	RY — At home, farm, s	streat, factory, offic		28f. LOCATION (Street and Number or Rural Route Number,				
ETED	4 Homicide determined building, stc. (Specify)									
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.									
COMPL	one) 2 MEDICAL EXAMINER: 9n the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE C	296. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Month, Day, Year)								IGNED (Month, Day, Year)	
0	1 14865							1-26-92		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print) Dr. Barrera Memorial Hospital Medical Building Cumberland, MD 21502									
	31. DATE FILE ACVI. Day, Soul 992									
	J 2 1 100L	9	- Thimbac							

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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JACKSON FISHER 10:42 A HERMAN 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 240-42-7417 MONTHS HOURS 1X M 2 F 61 YRS 10-23-1930 North Carolina permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR PRINCE GEORGE PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Pr. George's Cheltenham 1 - YES 2 X NO 10s, STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10203 Frank Tippett Road page 5 should be detached for use as the burial-transit 20623 **USA** within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES KOTEAN 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done during most of working life, Do NOT use retired.) Elementary/Secondery (0-12) 10 grades College (1-4 or 5+) Sheet Metal Worker Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) William Mack Fisher ĕ BE Venona Cole notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Christine C. Fisher 10203 Frank Tippett Rd., Cheltenham, Md. 20623 å 20e, METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Siste must by the funeral director, removal. aroleen Missionary Meth. 4 Donation 6 Other (Specify) Caroleen, N.C. 21. SIGNATURE OF TUNERAL SERVICE LICENSEE

7. Huntt D00227 examiner 22. NAME AND ADDRESS OF FACILITY The Huntt Funeral Home, Inc. P.O. Box 156, Waldorf, Md. 20604 the medical filled in by ti 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart fellure. Liet only one ceuse on each cremation, or IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) completely traumatic event, sen signed by the attending physician and com of Health and Mental Hygiene prior to burial, executed CERTIFICATION Sequentielly jiet conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING pe certificate CAUSE (Diseese or injury other DUE TO (OH AS A CONSEQUENCE OF thet initiated events resulting in death) LAST 0 injury. PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINOINGS that AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 TYES 2 requires OF DEATH? 1 - YES 2 NO реец PHYSICIAN: certificate has been the State Dept. of M. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) liem EXAMINER? HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER: ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? with 1 28d. DESCRIBE HOW INJURY OCCURED this 1 Natural 2 Accident 5 Pending investigation 1 YES BY 2 NO death After 28s. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 28 is r 3 Suicide ETED. 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: A hours after d 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT; If Item 21 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner se steled. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) end menner as stated. 29b. SIGNATURE AND PITCH OF GERTIFI 29d. DATE SIGNEO (Month, Day, Year)

1-29-95 MI D 24720 2 30. NAME ANO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rd Landover KAVINDER KUS TAGI 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

11/2 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIEN	E	00119	
= 1	1. DECEDENT'S NAME (First, Middle, Last) Letha Mae Garo	Iner			DEATH	2. DATE OF DEATH	1992 YEAR	3. TIME OF DEATH 6:06 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A RIPT	HPI ACE (State or English	
1	217-18-7919 9a. FACILITY NAME (If not institution, give :	1 □ M 2 X F 84	1907 M						
FUNERAL DIRECTOR	Washington County Hospital RESIDENCE OF DECEDENT Washington County Hospital Hagerstown Washington County Hospital Washington County Hospital Washington County Hospital								
REC	10a. STATE 10b. COUNT	10b. COUNTY 10c. CITY, TOWN OR LOCATION							
10	Md. Wa							1 YES 2 NO	
ERA	237 E. Potom	Potomac St. 2179						S.A	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Married 2 Merried FORCES? 1 YES 2 NO H				ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.)	Spe	14, RACE — American Indian, Black, White, etc. Specify:	
뎶	15. DECEOENT'S EOU (Specify only highest grade	CATION 16	Se. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTRY	White	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Murse A	ork done during mo retired.)	st or working	Щ	ospital		
OMI	17. FATHER'S NAME (First, Middle, Last)		NUISE F	nue	18. MOTHER'S N	IAME (First, Middle, Malden	<u> </u>		
BE C	Clayton Smith					ie King	ou neme)		
10	190. INFORMANT'S NAME (Type/Print) Betty M. Shank		19b. MAILING /	Datam	and Number or Rura	I Route Number, City or Tow.	n, State, Zip Code)	705	
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF	DISPOSITION (Na	me of		CATION - City or T		
0	1 Usurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	RU	ry, cremetory of other	emeteri	1 1	-31-92 Riv			
	21. SGHATURE OR FUNERAL SERVICE LIC	CENSE			s Funer	ACILITY			
\dashv	plemis	L. Par	2	Rt 3	3 Box 78	Smithsburg	Md. 21	783	
		List only one cause on each	ne death. Do no n line.	t enter the mo	de of dying, su	ch es cerdiec or respi	ratory errest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	•	Azni	Puln	-ama-	6 de		Onset and Death	
		DUE TO (OR AS A CO	ONSEQUENCE OF					(20,120)	
NOI	Sequentielly list conditione, if any, leading to immediate	b. DUE TO (OR AS A CO	MSEQUENCE OF:					7	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	с							
CERTIFICATION	that initiated events resulting in deeth) LAST	OUE TO (OR AS A CO	INSEQUENCE OF):						
	PART II Other elapiticest condition	G.							
ICAL	PART II. Other eignificent condition		not reaulting in	the Undarlying	ceuse given in	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI						1 □ YES 2	3-110	OF DEATH?	
N.									
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO	HOSPITAL:		OTHER:	ACE OF DEATH (C				
ЭНХ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW IN	IJURY OCCUREO		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	RK? ES 2 NO				
	3 Suicida 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, str	eet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural i	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledg	e, death occurred	at the time, data	and place, and du	e to the ceuse(s) and man	ner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU		29d, DATE SIGNED		
TO B	Van -				D 1801	7		972	
	30. NAME AND AODRESS OF PERSON WHO	ATTA MO 3	(ITEM 27) (Type, P.	rint)	MAGE	estourn r	10217	40	
	04 DATE EN ED 44 D 44	32. REGISTRAR'S SIGNATU	RE						
	JAN 3 0 1992	Jalin Sinden-R	- April						

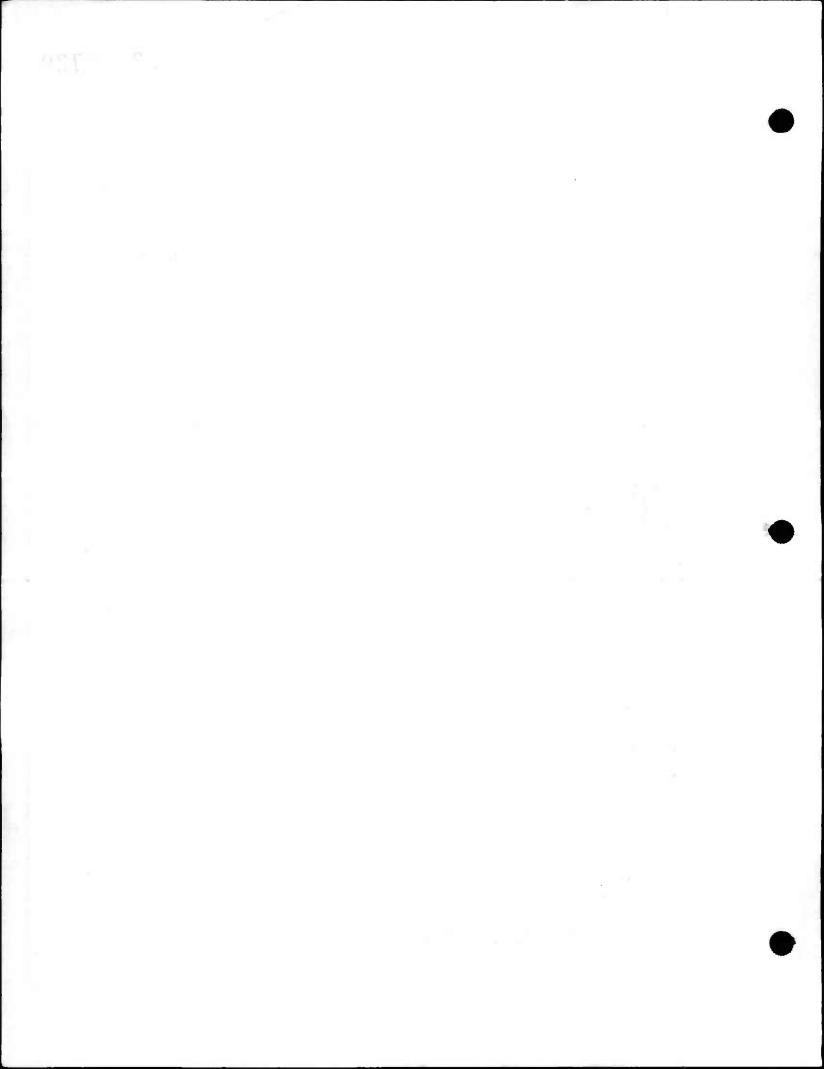
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should after death with the State Dect. of Health and Mental Hydiene prior to burlal, cremation, or removal.	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR; After this certifing the Mild within 72 hours after death with the S	IMPORTANT: If Item 28 is marked, or

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, L.		CERTIF	ICATE O	F DEATH	MEN	REG. NO.				
NY ATO INCIDE					N.	DATE OF DEATH		YEAR	3. TIME OF DEATH	
BLAIR WESLEY 4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	-	ANUARY 2	3, 1		6:45 A PLACE (State or Foreign	
and the second of the second o			MONTHS DAYS	1 1		Month, Day, Year)		Countr	y) (Y	
232 26 3410 9a. FACILITY NAME (If not institution, g	A	2 YRS.	OL OUTY TOWN	OR LOCATION OF	_	1/1919	0- 001	Pars	sons, W.V.	
	SACRED HEART HOSPITAL							LEGA		
10a. STATE 10b. CO		10c. CIT	ATION					10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
10e. STREET AND NUMBER				IOF. ZIP CODE			10g. CI1	TIZEN OF V	F WHAT COUNTRY?	
Route # 8 Box 1	124		26726				U.	S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISI specify Cuban, Max ES 2X NO Spe	ican, Pu		or No—	14. RACE Black Speci	American Indian, t, White, etc.	
15. OECEOENT'S (Specify only highest of		16a. OECEOENT'S (Give kind of	USUAL OCCUPA work done during se retired.)	TION most of working		18b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)									
12		Constr	action			Constru		n		
17. FATHER'S NAME (First, Middle, Last				16. MOTHER'S		First, Middle, Melden	Sumame)			
	. Gordon					tha Ford				
19a. INFORMANT'S NAME (Type/Print)				t and Number or Rui						
Erma G. Gordon				x 124, K	eys					
20a. METHOD OF DISPOSITION 1 Burlal 2XXCremation 3	Removal from State	20b. PLACE ANO OAT		ON (Name	1			- City or To	THE RESERVE	
4 Donation 6 Other (Specify)	(mega Crer					Mor	ganto	own, W.V.	
21. SIGNATURE OF FUNERAL SERVIC	A Jah		Jef	and address of frey A. Main St	Bar	o Funera			26287	
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Chrows Due to (OR A)	S A CONSEQUENCE O	e cyh	we de	en Ri	ia stag	e D	7	Onset and De	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. Set	A CONSEQUENCE O	Sto	de	-(nish	Bre	yeu	24 6	
CAUSE (Disease or injury that initieted events resulting in death) LAST	d	case	9							
that initieted events	d. <u>Altiona</u> contributing to death	but not resulting	in the underly	ing cause given	in Pari	24a. WAS AN PERFOI	AMED?	7 248	N. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	
that initiated events resulting in death) LAST PART II. Other algorificant cond	AL	but not resulting		ing cause given		PERFOI	AMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
that initiated events resulting in death) LAST PART II. Other algorificant cond		N/21 -	26. OTHER:		(Check o	PERFOI	AMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
that initieted events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL: 1 Inpettert 2 ER/O	utpatient 3 DOA	26. OTHER: 4 Nursing H	PLACE OF DEATH	(Check c	PERFOI	HMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea.	utpatient 3 DOA	OTHER: 4 Unursing H AE OF 28c.	PLACE OF DEATH	(Check c	PERFOI 1 YES 2	HMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: HOSPITAL: Impattent 2 = ER/O 26a. DATE OF INJUR (Month, Day, Yea 26a. PLACE OF INJUR building, stc. (S)	utpatient 3 DOA IV 28b. Till IN.	26. OTHER: 4 Nursing H ME OF 28c. JURY M 1	PLACE OF DEATH ome 6 Residen INJURY AT WORK? YES 2 M NO	(Check (ce 6 = 28	PERFOI 1 YES 2	RMED? NO NO NO NO NO NO NO NO NO N	CCUREO	AMALABLE PRIOR TO COMPLETION OF CAUS OF OEATH? 1 YES 2 NO	
that initieted events resulting in death) LAST PART II. Other alignificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investiga Investiga Investiga Could not detarmin 29a. CERTIFIER (Check only CERTIFYING I	HOSPITAL: HOSPITAL: Impattent 2 = ER/O 26a. DATE OF INJUR (Month, Day, Yea 26a. PLACE OF INJUR building, stc. (S)	utpatient 3 DOA 17 25b. Tilk 1817 — At home, farm, pocify)	26. OTHER: 4 Nursing H AE OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH forme 6 Residen fluggy AT WORK? YES 2 NO ffice	(Check coe 6	only one) Other (Specify) 1. DESCRIBE HOW LOCATION (Street City or Rown, State, the cause(a) and ma	RMED? NO NO NO NO NO NO NO NO NO N	CCUREO er or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSI OF CEATH? 1 YES 2 NO	
that initieted events resulting in death) LAST PART II. Other alignificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investiga Investiga Investiga Could not detarmin 29a. CERTIFIER (Check only CERTIFYING I	HOSPITAL: Impatient 2 = ER/O 28a. DATE OF INJUR (Month, Dey, Yea 28c. PLACE OF INJUR building, stc. (S) PHYSICIAN: To the best of my kn AMINER: On the basis of examina	utpatient 3 DOA 17 25b. Tilk 1817 — At home, farm, pocify)	26. OTHER: 4 Nursing H AE OF 28c. JURY M 1 street, factory, o	PLACE OF DEATH forme 6 Residen fluggy AT WORK? YES 2 NO ffice	(Check comes a second	PERFOI I VES : Inly one) Other (Specify) LOCATION (Street City or Town, State, the cause(a) and main, deta and place, as	INJURY O	er or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUSI OF CEATH? 1 YES 2 NO	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	204 1 E 4 E
	21.

FLORENCE GETS	SON			Jan. 20	7 92 ^{AR}	3. TIME OF OEATH 2:41 A.		
4. SOCIAL SECURITY NUMBER 214-07-2777	5. SEX 8. AGE	(In yrs. lest birthday) IF U MON'	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-15-1	8. BIRTHPLACE (State or For Country) 1903 MD			
9a. FACILITY NAME (If not institution, git SACRED HEART HO	OSPITAL		CUMBERLAND	EATH	9c. CDUNTY OF ALLEGA			
MD A DECEMENT			www on Location		10d, INSIDE CITY LIMITS? **X YES 2 ND			
100. STREET AND NUMBER 1506B Old Tov			101. ZIP CODE 21502		10g. CITIZEN OF USA	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 (A)(NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 Spec	an, Puerto Rican, atc.)	e or No- 14. RAI	RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12	EDUCATION rade completed) College (1-4 or 5+)	The second secon	AL OCCUPATION fone during most of working red.) employee		JSINESS/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last) Samuel Jam			Je	AME (First, Middle, Melder SSIE MCMIL	lan			
Mrs. Dorothy	Eline		RESS (Street and Number or Aura) er Street Cum	· ·				
20a, METHOO OF DISPOSITION 1 3 Burlel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	lamoval from State	b. PLACE AND DATE OF cemetary, crematory or of Sunset Memo	DISPOSITION (Name Drial Park		ocation — city or Cumberla			
21. SIONATURE OF FUNERAL SERVICE	Dans	Ul-	Scarpelli Cumberland	Funeral Ho	me			
immediate cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. Serlie DUE TO (OR AS	A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF):	roch	tear Prom	umonit	Onset and Dea		
that initisted events resulting in death) LAST				Part i 24e WAS A		Ib. WERE AUTOPSY FINDING		
that initiated events resulting in death) LAST	tions contributing to death	but not resulting in the			2 (2-NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
that initiated events resulting in death) LAST	ndstage	Coment		PERFO 1 YES	1	COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent condi	HOSPIFAL: 1 Hospifent 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	Ipetient 3 DOA 4 DOA 4 DOA 1 D	26. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 ND	PERFO 1 YES	2 (2 140	COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent conditions and the significent conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPIFAL: 1 Mpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (So	tpetient 3 DOA 4 DOA 4 DOA 1 D	26. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 ND	PERFO 1 YES Check only one) 6 © Other (Specify)	2 (JANO I INJURY OCCURED t and Number or Rura	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPIFAL: 1 Mpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (So	tpetient 3 DOA 4 CT 26b. TIME OF INJURY Y — At home, farm, stree	26. PLACE OF DEATH (C HER: Nursing Home 5 Residence 26. INJURY AT WORK? M 1 YES 2 ND I, factory, office	PERFO 1 YES Check only one) 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Stree-City or Yours, Steft	INJURY OCCURED t and Number or Rura e)	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions are significent conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: 10 HOSPITAL: 10 HOSPITAL: 10 HOSPITAL: 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY be building, etc. (Sp HYSICIAN: To the best of my kno MINER: On the basis of examination	tpetient 3 DOA 4 DOA 26b. TIME OF INJURY IY — At home, farm, stree ecify) wiedge, death occurred at on and/or investigation, in	26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 ND I, factory, office The time, data and place, and do my opinion, dasth occured at the	PERFO 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Stree-City or Town, State 1s to the cause(a) and m 1s to the cause(a) and m 1s time, date and place, s	INJURY OCCURED It and Number or Rura anner as stated.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

186-1 6.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTI	FICALE	: OF	DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Lest) Naomi Onei	da Harshma	a n					DAY 2	YEAR 9.2	IME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-24-9130		In yrs. last birthday) IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-26-19	1	2 64	2:20am M	
			71 1110.								
~	9a. FACILITY NAME (If not institution, give at			9b. CITY	, TOWN	OR LOCATION OF	DEATH	9c. COUN	NTY OF DEATH		
CTO	RESIDENCE OF DECEDENT					sboro		Was	hingt		
DIRECTOR	macgaina	erick	10c. C	yers	VILL	e.			10d.	INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 4Poplar Street				10	21773	100. 0		ZEN OF WHAT	COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, stc.) 1 YES 2 NO Specify:				Yea or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT School			ON ast of working	16b. KIND OF E	c Scho			
COM	17. FATHER'S NAME (First, Middle, Last) H. Melvin Keller					18. MOTHER'S N	IAME (First, Middle, Meid Sarah Schi	en Surname)	nh+		
TO BE	19a. INFORMANT'S NAME (Type/Print)					and Number or Run	I Route Number, City or 1	own, State, Zip			
7	Claude Keller	1 204				-	ille, MD 2		City or Town 6	Pana	
	209. METHOD OF DISPOSITION 1									ryland	
	21. SIGNATURE OF RUNERAL SERVICE LIC	Lickette)			no adoress of i			Main Si sville	treet , MD 21773	
	IMMEDIATE CAUSE (Final	complications that caused List only one cause on s	d the death. Do ech line.	not snter	the mo	oda of dying, au	ich aa cardlac or re	spiretory an	rest,	Approximata Interval Between Onset and Desth	
	disease or condition resulting in death) a. Due to (or as a consequence of):								2 hrus		
_		NO					*				
ATIO	Sequentially list conditions, if sny, leading to immediats cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in desth) LAST										
	PART II. Other algnificant condition	ne contributing to death b	out not requising	a la the w	nderbde	o cause aluan	n Port I Oro uno	AN AUTOBOV	Last Wes	DE ALIXAGON PINIPINIOS	
EDICAL	O M	a contributing to death to	out not readitin	g in tha th	underlying cause given in Part i, 24a. WAS AN AI PERFORM				MED? AMILABLE PRIOR TO		
Σ							1 U YES	2 2 30		DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL			-	28. P	LACE OF DEATH	Check only one)				
SIC	EXAMINER? 1 YES 2 JAG	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHE 4 - No	R:		e 6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. 1	IME OF INJURY M	W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HO	W INJURY OC	CURED		
	3 Suicide 6 Could not be 4 Hornicide determined	26a. PLACE OF INJURY building, atc. (Spe	f — At home, farr	n, street, fac	tory, offi	28	281. LOCATION (Stre City or Town, Str		r or Rural Route	Number,	
COMPLETED	anal and	ICIAN: To the best of my know ER: On the besis of examination								d manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIE	restate mo				29c. LICENSE N			E SIGNED (Mo		
5	30. NAME AND ADDRESS OF PERSON WH				7						
	31. DATE FILED (Month, Day Year)	22 REGISTRAR'S SIGN	VATURE		-	() (X EX	stown, m		, 40		
31. DATE FILED (Month, Day, Year) FEB 0 4 1992											

BALTIMORE, MARYLAND 21203-3146
after death. Page 6 may be retained by the hospital or attending physician.

y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de has find within 72 hours after death with the State Dect. of Health and Mental Molene prior to build, cremation, or removal.	TO THE PROPERTY OF THE PROPERT
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-	- 5	4

	1 - STATE REGISTRAR	STATE OF MARY			IF HEALTH OF DEAT		REG. NO.	E			
	A. DECEDENT'S NAME (First, Middle, Leal)		<u> </u>	IOAIL	OI DEA		Z. DATE OF DEATH	γ	YEAR OF	IME OF OEATH	
	A SOCIAL SECURITY NUMBER	awn			-/2 m.minan		Jan 24	1 9	2	1:17 AM	
	ACSOCIAL SECURITY NUMBER ACSEX ACSOCIAL SECURITY NUMBER 24 MRS. ACSOCIA								Country)	E (State or Foreign	
	SE, FACILITY NAME (If not institution, give street	and number)	U.M.	PL CITY, TO	OWN OR LOCATION	ON OF DE			Y OF DEATH	,	
5	Reeders Memorial	N. H		Boon	sboro	141)	Was	hing	toN	
DIRECTOR	10a. STATE 10b. COUNTY		TY, TOWN OR					God	INSIDE CITY		
	<u></u>									YES 2 NO	
ERAI	141 Main Street				2171			U U	.S.A	COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVE FORCES? 1 - Y IF YES, GIVE WAR O	ES 2- NO	If y			IC ORIGIN? (Specify Yea i, Puarto Rican, atc.) :	or No—	14. RACE — A Bleck, Wh Specify:	American Indian, lita, atc. White	
100	15. DECEDENT'S EDUCATION (Specify only highest grade com-	Prefelor	16a. OECEOENT (Give kind o	work done dur	JPATION ing most of working	ng	16b. KIND OF BUS	BINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	School		acher		Publi	c Sc	hool	System	
111	17. FATHER'S NAME (First, Middle, Lest) David Stuart Ha	awn					ne (First, Middle, Meiden a Banks				
2	John L. Colvin		HC-3			or Rurai R	oute Number, City or Tow incheste	r, State, Zip (2601	
must be	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State	20b. PLACE OF DISP other place)	MWOO	of cometery, cree 1. Ceme	ter.	y She		dstor	state Win, WV	
examiller	21. SIGNATURE OF FUNERAL SERVICE LICENS Ouglas R	See Snor	oden	Me		T. :	Strider wn. W.Va		<u>414</u>		
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory errest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR)	AS A CONSEQUENCE	OF):	*	-	/ /				
AL CE	PART il. Other significant conditions c	ontributing to deat	th but not resultin	In the und	riving cause	given in	Part I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
MEDIC,	PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	26. PLACE OF C	DEATH (Ch	eck only one)				
5 ×		28a. DATE OF INJU		4 Nursir	g Home 5 🗆 R	nsidence	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCC	URED		
Y P	1 Natural 5 Pending	(Month, Day, Ye		NJURY M	WORK?	□ NO	Zou. DEGOINGE NOW		one.		
Z8 IS MAI TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJ building, etc. (IURY — At home, fam (Specify)	n, street, factor	y, office		261. LOCATION (Street City or Town, State)	and Number	or Runii Route	Number,	
IMPORTANT: If Item 28 is marked, O BE COMPLETED BY PH	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C						to the ceuse(e) end ma			d manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	A	-		29c, LIC	ENSE NUR	ABER	29d. DATE	SIGNEO (Mo	onth, Day, Year)	
₩ 0±	30. NAME AND ADDRESS OF PERSON WHO C	ny I	mp	no Delect	D:	325	18	1	24 9	L	
	K. Guedene	t 100	Gee-	Fina	Ln.	Kee	dysvill	e, N	10:	217570	
	31. DATE FILED (Month, Day, Year) JAN 29 1992	182. REGISTRAR'S		(/			

BALTIMORE, MARYLAND 21215-0020

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DIVISION (1

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTA	AL HYGIEN			00124
			Eugene D.	Hykes			2. DAT MON	E OF DEATH	DAY	YEAR 992	TIME OF DEATH
P		164-46-7011	1 🖾 M 2 🗌 F	(In yrs. last birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9%	11/195	6	. BIRTHPL/ Country)	Penna.
l, 2, 3 sho	TOR	9a. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 18120 Copps Hill Place Gaithersburg Montgomery									
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	100. STATE 10b. COUNTY Maryland Mont		10c. CITY, TOWN OR LOCATION Gaithersburg						d. INSIDE CITY LIMITS? YES 2 NO	
an. Transit pern	FUNERAL		ps Hill Pla			20879			U.	S.A.	T COUNTRY?
	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 V NO	It yes, sp	DECITY Cuben, Mexic S 2 X NO Speci	an, Puerto	IN? (Specify Ye Rican, etc.)	e or No- 1	Black, W	American Indian, hita, etc. White
or att	PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	(Give kind of a life. Do NOT us	usual occupati work done during mo se retired.)	ost of working	16	b. KIND OF BU	Mortg		20
by the hospital be detached fo at once.	E COMPL	17. FATNER'S NAME (First, Middle, Leat) Ge	orge H. Hyk		or Frogi	16. MOTHER'S N			Surneme)	age (
be retained by the 5 should to a notified a	TO BI	19a. INFORMANT'S NAME (Type/Print) Martha M. Hykes	, ,	19b. MAILING	ADDRESS (Street of Brian Di	and Number or Rural r. Green	Route Nur	nber, City or Tow	vn, State, Zip C	ode) 5	
death. Page 6 may be funeral director, page examiner must be		20e. METNOD OF OISPOSITION 1 M Burlel 2 Cremation 3 Remova 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	cem	PLACE AND DATE (Detery, cremetory or or Cedar Hi	l'Cemet	ery		92 Gre	encast		
. 9 -		H. Marter Zemmers Zimmerman And Son Funeral Home Greencastle, Pa. 17225									
24 hours filled in ion, or ri		23. PART I. Enter the diseases, or con ahock, or heart fellure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Acqu	the death. Do rach line.	mounal	de of dyling, such		1		it,	Approximate Interval Between Onset and Death
th certificate be execu- anding physician and Hygiene prior to bur or other traumatif	CERTIFICATION	Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									,
requires that en signed by of Health an	MEDICAL	PART II. Other aignificent conditions of	ontributing to death be	ut not reaulting l	n the underlyin	g cause given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	RMEO?	AM COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE OEATN? YES 2 NO
SICIAN: The law certificate has be to the State Dept. 1, or item 23 s	SICIAN		OSPITAL:	etlant 2 004	OTHER:	ACE OF DEATH (C)				1	
NG PHYSICIA fer this certif eath with the marked, or	ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT PRK? YES 2 NO		SCRIBE NOW I	NJURY OCCU	REO	
OR ATTENDING I DIRECTOR: After hours after death Item 28 Is mar	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, a	treet, factory, offic	•	28f. LOC City	CATION (Street or Town, State)	and Number or	Rural Route	Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours	COMPL	29e. CERTIFIER Check only one) CERTIFYING PHYSICIA MEDICAL EXAMINER: (N: To the best of my knowled On the beste of examination	edge, death occurre n end/or investigation	n, in my opinion, d	end plece, end due	to the ca	use(e) and mar and place, en	nner se stated.	euse(e) en	d menner ee stated.
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	20			29c. LICENSE NUI	90		▶ 1-	1GNED (Mo	nth, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO CO		ATH (ITEM 27) (Type,	epitol:	ST NE	lu	ashin,	to- 1	x	20002
		JAN 3 1 1992	32. RABISTRAR'S SIGNA	ATURE							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN	C	- 03/25		
						2. DATE OF DEATH MONTH DANS	0 1992	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER 217-10-9589 98. FACILITY NAME (If not institution, give st	1 XM 2 🗆 F 86	YRS. MOR	UNDER E YEAR ITHS DAYS	HOURS MIN.	7. DATE OF BIRTH	905 A. BI	RTHPLACE (State or Foreign buntry) VIYLAND		
TOR	Washington Count	y Hospital		Hagers				ington		
DIREC			Boons	boro	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 21514 Mt. Lena Ri	d.		101.	21713		10g. CITIZEN (OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED		cify Cuban, Mexica	HIC ORIGIN? (Specify Yes in, Puerto Ricen, atc.)		ACE — American Indian, Ilack, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 16a. College (1-4 or 5+)	DECEDENT'S USU (Give kind of work life. Do NOT use ret	al occupation done during most ired.)	st of working	Potomac		Υ		
BE CO	17. FATHER'S NAME (First, Middle, Last) George E. Haupt			ME (First, Middle, Maiden Lye Itnyre	Surname)					
5	Audrey E. Mong		196. MAILING ADD	rbaugh	nd Number or Rural in Church	Rd. Waynes	n, State, Zip Code 6010, Pr	17268		
	4 Donation 5 Other (Specify)	Mt.	CEANODATE OF DI	sposition (Na letery	me of 2 -	3-92 Mt.	cation - city o	r Town, Stata		
	+ Stennis ?	& novi	0	Davi Rt.	s Funera 3 Box 78	ıl Home 3 Smithsbw	ia.MD	21783		
	23. PART I. Enter the disease, or contained, or heart feltura. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one cause on each li	ine. Dger	M'C	Sh	ode		Approximate interval Batween Onset and Daath		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	CARLON ELLSWORTH HAUPT, St. CARLON ELLSWORTH HAUPT, St. SOCIAL SECURITY NUMBER 217-10-9589 XM 2 F	My	Oca.	rdrod	Infa.	Infarction			
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):							
PHYSICIAN: MEDICAL C			ot resulting in th	ne underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
ICIA				HER:	ACE OF DEATN (Ch					
3HYS	27. MANNER OF DEATN	28s. DATE OF INJURY	28b. TIME OF		JRY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE)		
à l	2 Accident Investigation			M 1 🗆 Y	ES 2 NO	201 LOCATION (Comme	-111-1-0			
ETED	4 Homicide determined									
COMPLETED								se(s) and menner as stated.		
H	296 SIGNATURE AND TITLE OF CERTIFIER	Heuler	17	1)	29c. LICENSE NUN	IBER	294. DATE SIGN	80192		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print	"oven	e Hao	nstown	HI	51		
	31. DATE FILED (Mg/m), Pey, Year) 199	2 32. REGISTRAR'S SIGNATURE	~ Rudul				1			

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			CE	RIIFR	CATE	OF.	DEATH		REG. NO.			
DECEDENT'S HAME (First,	Middle, Last)	C.	1	OFFM	IAN			MONTH			YEAR	3. TIME OF DEATH
SOCIAL SECURITY HUMB	ER		AGE (In yrs. lest I		IF UNDER 1 Y	FAR	IF UNDER 24 HRS.	7. DATE O	ary 30	,199		5:55 P M
16 20 21	36	1 M 2 F				AYS	HOURS MIN.	(Month,	Day, Year)	024	Counti	(Y)
16- 30- 31.		Λ	57		9b. CITY. TO	WN OI	R LOCATION OF DE		. 19,1		NTY OF D	Lena, Md.
20810 Bear	SEDENT	ek Ra.			BÇ	XON	sboro			Wa	Snin	gton
Maryland	Wash	nington			nsbor		ОН					10d. INSIDE CITY LIMITS? 1 YES 2 V HO
e. STREET AND NUMBER							ZIP CODE			10g. CIT	IZEH OF	WHAT COUNTRY?
20810 Beave	er Cree	ek Rd.					21713				U. S	. A.
MARITAL STATUS Hever Merried 2 X Widowed 4 Divor	med	12. WAS DECEDENT E FORCES? 1 D IF YES, GIVE WAR	OR DATES		If yo	s, spe	CHDENT OF HISPAN City Cuben, Mexico 2- HO Specifi	n, Puerto R		or Ho-	14. RACI Blac Spec	E — American Indian, k, White, etc. White
	IZ EDENT'S EDUC	$\frac{1-11-57}{1-11}$		-	SUAL OCCU				KIND OF BUS			
(Specify only	highest grade c	ompleted)	(Give	kind of wo	ork done duri retired.)	ng mos	t of working	166,	KIND OF BU	SIMESS/IMI	DUSTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5+)			chnic				Machir	e Mf	a.	
FATHER'S HAME (First, MI	iddle I set)		13.6	J. 10	CIMIL	Jac	18. MOTHER'S HA				9.	
Clarence 1		Joffman					Rose V.			ourneme)		
. INFORMANT'S HAME (7)		IOI I.Maii	100	MAILING	DDDEER (C		nd Number or Rural			- 0 7	- 0. 4.	
Louise E.		an		20810			r Creek				,	. 21713
e. METHOD OF DISPOSITI		411				_		1111.	_			
Burtal 2 Crematio	n 3 🗌 Remo	val from State	other plac	e)			etery, cremetory or			CATION		
Donation 5 Other SIGHATURE OF FUHERAL		An	I Beave	er Cr			etery 2-		B€	eaver	cre	ek, Md.
MMEDIATE CAUSE (Fin lease or condition leasting in death) equentially list condition any, leading to immediate. Enter UNDERLY!	ons, diate	DUE TO (O	R AS A CONSEOU			2	metaste	tw-	to lu	Lo	end	18 months
AUSE (Disease or inju- let initiated eventa leuiting in death) LAS	77 6	DUE TO (O	R AS A CONSEOL	JENCE OF)	:							
ART ii. Other algnifice		contributing to de				rlying	cause given in	Part I.	24e. WAS AN PERFOI 1 YES 2	RMED?	240	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Periph	and s	vagenla	n dis	es.	0							1 TYEB 2 NO
S. WAS CASE FERRED TO	D MEDICAL					26 PI	ACE OF DEATH (Ch	neck only on	e)			
EXAMINER 1 YES 2 NO		HOSPITAL:	70.4-4		OTHER:			11				
MAHNER OF DEATH		1 Inpatient 2 E	·	28b. TIME		_	JRY AT		(Specify) CRIBE HOW	H II IBY A	CHIDED	
1 Natural 5	Pending	(Month, Day,		IHJU	RY	WOI		200. DES	CRIBE NUW	NJUNT OC	CURED	
2 - Rutelde -	Could not be	26e. PLACE OF I	NJURY At hom	e, farm, st				28f. LOC/	ATION (Street	and Numbe	or or Rural	Route Number,
	determined	building, et	(Specify)					City	or Town, State,			
90. CERTIFIER	DEVINE BUYER	MAN. To the best of	hand do do			4.1						
anal		SAH: To the best of m										e) and manner se stated.
					,, opin	1			and proce, or			
96. SIGNATURE AND TITLE	OF CERTIFIER	11	1				29c. LICENSE NUI	MBER		29d. DA	TE SIGHE	(Month, Day, Year)
tank to	20	orgoon					0.3889	2			1/3/1	192
O'NAME AND ADDRESS OF	L BRAN	COUPLETED CAUSE	OF DEATH (ITEM		Print) DWZL	R	A. HAG	FRITT	NN.	MI	217	40
I. DATE_FILED_(Month_Day,	Ybar)	2 REGISTRAR	S SIGNATURE	/ / / /	2,000		31100	1310	, 0/0,		_ , ,	
JAN 3 1 1	992		em-Randa	e.e.								

BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	i by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 moves after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest)
FTHET.

2. DATE OF DEATH
TYPINA DAY 875

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	ETHEL	S.				RY			JANUARY 26, 1992				1:25 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1		IF UNDER		7. DATE OF E (Month, De	BIRTH		0. BIRTI	IPLACE (State or Foreign
	214-32-3372	1 🗆 M 2 📈 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.			914	Count	MD.
	9a. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, 1	OWN O	R LOCATIO	ON OF DE	EATH 9c. COUNTY OF				
DIRECTOR	Memorial Hospital	& Medica	al Cente	er	Cumb	er.	land	4			A1.	Lega	ny
R	10e. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR	LOCAT	ION						10d. INSIDE CITY
	MD. All	dany		Cur	nberl	and							LIMITS?
AL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA									WHAT COUNTRY?			
FUNERAL	5 Decatur Stree	t					215	02			TT	SA	
5	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	RMED	13. W	S DEC	ENDENT O	F HISPAN	IIC ORIGIN? (S	pecify Yas		14. BACI	E — American Indian,
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	YES 2 F	NO	1 [YES YES	2 PNO	n, Maxica Specify	n, Puerto Ricen	i, atc.		Spec	k, White, etc.
													"White
E	15. DECEDENT'S EDU: (Specify only highest grade	CATION completed)	(1	ECEDENT'S Give kind of w	rork done du	UPATIO	N at of workin	g	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) "	e. Do NOI us	e retired.)								
M	8			Haird	resser	r			Bear	utv	Salo	n/O	wner
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAI	ME (First, Middle	e, Maiden S	Sumame)		
BE	Emit C. Henry						C	alli	e.M. (Twice	(r		
2	196. INFORMANT'S NAME (Type/Print) Adele S. Degna:	n	11	9b. MAILING	ADDRESS (Street si	Corr	or Rural F	Poute Number, C	ity or Town	State, Zip		0.1
		-						=, A	nnapol	IS,	עניי.	214	UI
	20s. METHOD OF DISPOSITION 1 N Burtlet 2 □ Cremation 3 □ Rem	oval from State		AND DATE O		ON (Na	ne of		DATE	20c, LOC	ATION —	City or To	wn, State
	4 C Constion 5 C Other (Specify) 21. SIGNATURE OF FUNERAC SERVICE LIC		Sunse	et Men	mria	Pa	ark		1/30	Cum	œrl	and	MD.
	1)00	Ha	1	1	22. NA	ME AN	D ADDRES	S OF FAC	Kig	ht F	mer	al He	ome
	William	777	Alor	V	309	Dec	catu	s St	., Cuml	berla	and,	MD.	21502
	23. PART I. Enter the diseases, or o	omplications the	it caused the d	aath. Do n	ot antar th	a mod	ie of dyl	ng, suct	h aa cardlec	or raspir	atory an	rest,	Approximate
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one car	use of aech lin	0.									Interval Batween Onsat and Daeth
	disease or condition resulting in death)	11/20	11	2	7 6		l.	1	_				Oneat and Dauti
	reauting in death)	DUE TO	OR AS A CONSE	EQUENCE OF):								<u> </u>
Z		na VI.	V -	,)									
2	Sequentially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):												
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF):								
T.	readiting in death) EAST	d											
	PART II. Other algnificent condition	s contributing to	death but not	rasulting is	the unde	rivina	Causa o	lven in i	Port I 24s	. WAS AN A	UTOBOY	1 000	MEET HEREN
EDICAL		- 17	-W-013			,	00000 9			PERFOR		240	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
2									— I 10	YES 1	X NO		OF DEATH?
Σ													1 TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		_			26 01	OF OF F	ATH					
2	EXAMINER?	HOSPITAL:			OTHER:				ick anly one)				
ا څ	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient :	28b. TIME				ildenca (8 Other (Spe				
	Natural 5 Pending	(Month, E		INJU	JRY	WOF	IK?		28d. DESCRIB	E HOW IN	JURY OC	CURED	
2	2 Accident Investigation 3 Suicide & Could and be	28a, PLACE C	F INJURY — At h	ome term of			ES 2 _	NO	201 1 2017101	1 (0)			
3	4 Homicide S Could not be determined	building,	atc. (Specify)	ome, term, or	ineet, tectory	, office			28t. LOCATION City or Tox	vn, State)	a Number	or Rural R	loute Number,
	29a. CERTIFIER	The second											
3	(Check only												
29a. CERTIFIER (Check only) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and dua to the cause(s) and manner as stated. EXAMINER: On the basis of axamination and/or investigation, in my opinion, desth occured at the time, date and placa, and dua to the cause(s) and us to the cause(s) and) and manner as stated.						
100	290. SIGNATURE AND TITLE OF CERTIFIER			9		T	29c. LICE	NSE NUM	BER		29d. DAT	SIGNED	(Morth, Day, Mar)
	D 12779 1 1 2 9 2										\	12	192
_			700		0.1.0								
-	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAU	SE OF DEATH (ITE	:M 27) (1ype,	Print)								
	Dr. Fiscus Memori	al Hospi	tal Me	dical		dir	ıg C	umbe	erland,	, Md	2	21502	2
		-	tal Me	dical		dir	ig C	umbe	erland	, Md	2	21502	2

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DIVISION OF VITAL I	
	POTENTIAL OF ATTENDED PLANTING THE ACT AND A LOCAL PROPERTY OF
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	L 03120							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH							
	Bertha Pearl Hensley	Jan. 15, 19	92 9:45A							
	BOOKE (III yrs. lest bittirolly) IF UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	96. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DE	09 22 1912	Tennessee							
DIRECTOR	Thawley Road Rt. 3 Box 182-11 Denton Caroline									
HE HE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY							
	Maryland Caroline Dent		LIMITS? 1 VES 2 NO ZEN OF WHAT COUNTRY?							
BY FUNERAL	Thawley Road, Rt. 3 Box 182-11 216		S.A.							
FUN	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN 1 YES 2 NO 14 yes, specify Cuben, Mexicar	IC ORIGIN? (Specify Yes or No	14. RACE — American Indian, Black, White, atc.							
BY	3. Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 23 NO Specify		Specify:							
	15, DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/IND	Caucasian							
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	IOO. KIND OF BOSINESS/IND	05147							
MPL	12 yrs HS grad None Homemaker	Home								
00	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAM	ME (First, Middle, Maiden Surname)								
BE	Andrew Judson Nave Li1									
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural R									
	Lillian Faust Rt. 3 Box 182-11, Denton, Maryland 21629									
	1 Surial 2 Cremation 3 K Ramoval from State 4 Donation 5 Other (Specify) Happy Valley Mem. Park Elizabethton, TN									
		22. NAME AND ADDRESS OF FACILITY MOORE Funeral Home, P.A.								
	Drawer B.	ral Home, P Denton, Mary	A. land 21629							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart fellure. Let only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. SEPSIS	as cerdlec or reepiratory erro	Approximate interval Between Onset and Death							
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially liet conditions, If smy, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
10	CAUSE (Disease or Injury c									
E	that initisted events DUE TO (OR AS A CONSEQUENCE OF): recuiting in death) LAST									
	d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in I Advanced Alzheimers Dislase	Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 MNO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
ż										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	ck only one)								
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence	3 ☐ Other (Specify)								
PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCC	URED							
B	2 Accident Investigation " 1 YES 2 NO									
ETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	28t. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and dust one) 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occurred at the t	o the cause(s) and manner as state ime, data and place, and due to tha	d. couse(s) and manner as stated.							
	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUM		SIGNED (Month, Day, Year)							
O BE	Ill Tulleno D3	5284 1	1/15/92							
2	30. BEAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDREA AUST MO PUBOX 49	6 Donton	md 21600							
	31. DATE FILED (Month, Day 121) JAN 16 92 Jan REGISTRAR'S SIGNATURE Fulia Davidson-Randale	Section.								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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92 03729 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ERNEST IRONS MILTON 07 1992 52 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1XXM 2 - F YRS. 214-05-9585 12-03-1916 MD 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR CUMBERLAND Memorial Hospital ALLEGANY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Allegany 1 YES 2 XXIO Cumberland, 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21502 12701 Irons Mt. Road S.E. USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puarto Rican, etc.) BY 3 Widowed 4 ☐ Divorced 1 TYES 2 NO Specify: white COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) carman helper CXC Corp - Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andy James Irons BE Zelda Grace Wigfield 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Route 1 Box 250-A Hyndman, PA 15545 Ms. Dena J. Stott 20s. METHOD OF DISPOSITION
1A) Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE tery, cremetory or other place)
Herman Cemetery Mt. 4 ☐ Donation 8 ☐ Other (Specify) Cumberland, MD 1-30 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home are Cumberland, MD 21502 23. PART. Enter the diseases, or complications that cannot the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. Approximsta IMMEDIATE CAUSE (Final ardiac Onset and Death disasse or condition resulting in death) 45 mil DUE TO (OR AS A CONSEQUENCE OF): MAIN MEDICAL CERTIFICATION Sequantially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Watural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, Ierm, street, factory, office building, atc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

(Check only Check only Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
DZSY06 29d, DATE SIGNEO (Month, Day, Year)

um m 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. WILLIAM D. 47 VIRGINIA AVE CUMBERLAND MD LAMM 1502

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SUNATURE 1992

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r day	9	10	ei.	ex
The rate uncertained by streaming buyereday. The few manules that the death certificate be executed within 20 where after death. Date 6 may be retained by the host	1	TO THE FUNEMAL DIRECTORS ARE THIS CENTINGARE has been signed by the attending physicial and compressly mind in by the funeral unector, page 3 shows be because	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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WAYNE SPIGGLE, M.D.

31. DATE FILED (Month, Day, Year)

JAN 3 1 1992

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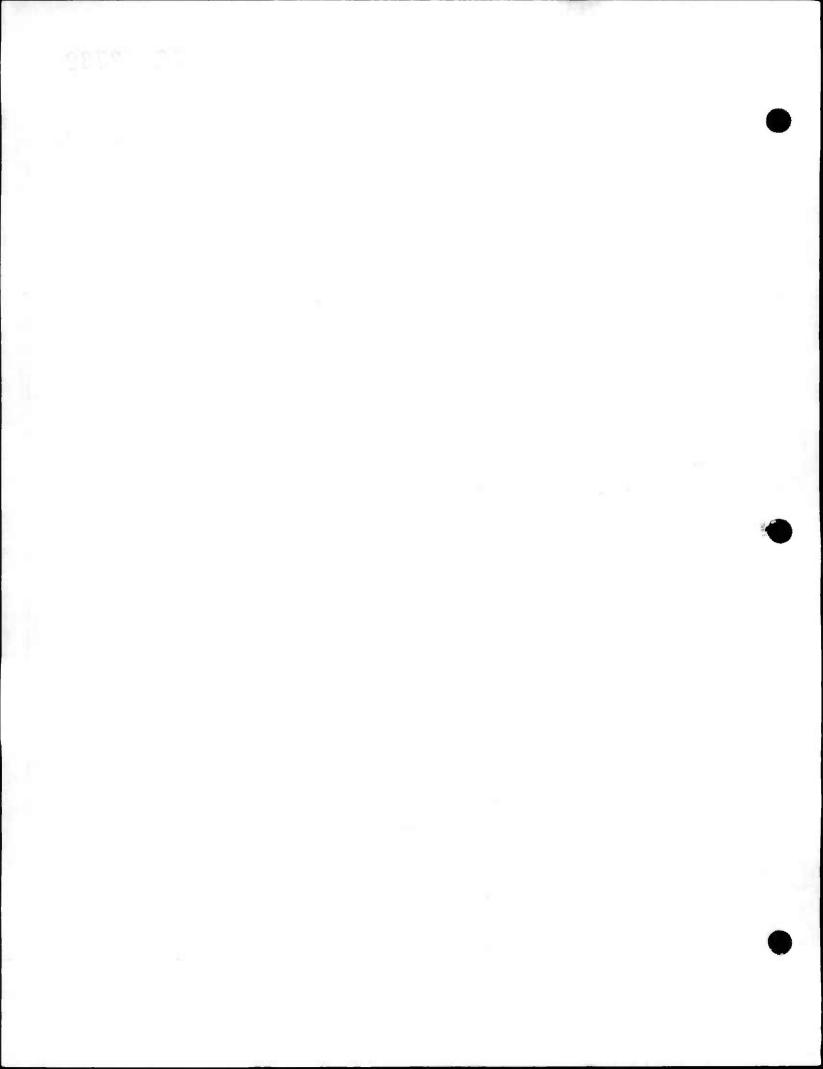
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	1 - FOR STATE REGISTRAR	STATE OF							MENTAL				
	1. DECEDENT'S NAME (First, Middle, Li	est)									N.	YEAR	3. TIME OF DEATH
	JOHN ROBERT JOI	INSON	160						200	27		S. BIRTHPLICOUNTY) MARY Sc. COUNTY OF GEAT ALLECANY 10 10 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 11 10 10 10 11 10	6-45 P M
	4. SOCIAL SECURITY NUMBER	NSON S. SEX 6. AGE (fit yiz: last birthday) F. MORES 1: FAM. F	PLACE (State or Foreign										
	216 14 1700 A	1. M 2 - F	67	YRS.	MONTHS	DAYS	HOURS	MIN.			1		**
	9a. FACILITY NAME (If not institution, g	ive atreet and number)	11 21		9b. CITY,	TOWN (OR LOCAT	ON OF DE					
FUNERAL DIRECTOR	SACRED HEART HOSPITAL				CUI	ARER	LAND	, MA	RYLA	ND	ALLE	CANY	
Ä	10a. STATE 10b. COL	INTY		10c. CI1	TY, TOWN O	R LOCAT	ION						10d, INSIDE CITY LIMITS?
ä	MARYLAND A	LLEGANY		CI	UMBE	RLA	ND						1 X YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF V	YHAT COUNTRY?
EH	425 CENTRAL A	VE.					215	02			l t	JS	A
S	11. MARITAL STATUS										or No-		— American Indian,
	1 Never Married 2 Married			NO						tican, etc.)			lfv:
В	3 Wildowed 4 Divorced WW II, KOREA						- 34	-					WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give lia				USUAL OC	CUPATIO	ON Not not be	Ina	16b.	KIND OF BU	SINESS/INC	STRY	
ᇦ	Ille Do NO					iding me	ot or work	The state of the s					
교	(12) GED HI			IEAD	CUS	TOD	IAN			EDUC	CATIO	NC	
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First, I	Aiddle, Maiden	Sumame)		
BEC	THOMAS JOHNSON						E	DNA		STARE	KEY		
	19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	G ADORESS	(Street	and Numbe	or Or Rural	Route Numb	per, City or Tow	m, State, Zip	Code)	
5	EMMA JEAN JOHNSON 425 CENTRAL AVE. CUMBERLAND, MD 21502								21502				
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from Stata						CE	1				
4	- 1. SIGNATURE OF FUNERAL SHRVIC	E LICENSEE	_ IKOCK	1 GA	_	_				30 C	UMBE	KLA	ND, MD
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	ahock, or heert fallure. List opty one cause on each line. Interval Between Onset and Dead disease or condition resulting in deeth) a. Conset and Dead disease or condition												
NO	Sequentially list conditions, b. Possibly Tou Louselloy												
CERTIFICATION	if any, leading to immediate												
3	cause. Enter UNDERLYING CAUSE (Disease or injury C. Possible Olles Drumany)												
Ē	that initiated events resulting in death) LAST		(011 70 7 001101	- JOENOE	J. J.								
H	7,745,710,457,450	d							-				
AL O	PART II. Other algolificant cond	tiona contributing t	o death but not	reaulting	in the un	derlyin	g ceuse	given in	Part I.			246	. WERE AUTOPSY FINDINGS
		(10)	PO										AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED			A							1 1 763	XIII		OF DEATH?
PHYSICIAN: MEDIC				160		_		_	—				T HES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA				-	26 P	LACE DE	DEATH (C)	beck only or	101			
²	EXAMINER?	HOSPITAL:	□ FP/0 4- 11 -1			₹:	1000						
ΥS	1 YES 2 NO			-	1	-	_	Rasidance			NI HIRW OC	CHEED	
à	1 Natural 5 Pending			200. IN	JURY	W	DRK?		200. DE	CHIBE HOW	INJUNY OC	CURED	
ВУ	2 Accident Investigat		OF WHITE ALL		***			□ NO	201 1 00				
8	3 Suicide 8 Could no	De buildin	g, atc. (Specify)	HOTTHE, THITTI,	, street, ract	ory, ome						r or Hurai	House Number,
Ë	an appring					_	-						
4PL	one)												
COMPLETED	2 MEDICAL EXA	MINER: On the basis of	axamination and/or	r investigat	ion, in my o	pinion,	death occ	ured at the	e time, date	and place, a	nd due to t	he cause(a) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERT	THESE STATES) /	30			29c. LH	CENSE NU	MBER		29d. DAT		
	//	0	Drop				D1:	1443			BIRTH ay, Year) 6/24 MA 9c. COUNTY OF ON ALLECANS 10g. CITIZEN OF U S Specify Yea or No— 14. RACH Blee Specify Of Specify O	1-	30-92
9	30, NAME AND AGGRESS OF PERSON	WHO COMPLETED CO	USÉ DE DEATH /IT	EM 27) (5m	no Drints					_			

CUMBERLAND, MD

21502

DHMH-18 Rev 1/89



HYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ntal Hygiene prior to burial, cremation, or removal.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rs after death. Page 6 may	T by the funeral director, pag	removal.	dical examiner must by
be executed within 24 nour	ian and completely filled in	w to burial, cremation, or i	sumatic event, the me
that the death certificate b	ed by the attending physici	h and Mental Hygiene prio	any injury, or other tra
SICIAN: The law requires	certificate has been signe	n the State Dept. of Healt	1, or item 23 shows a
R ATTENDING PHY	ECTOR: After this	er deal	IMPORTANT: If Item 28 is marked
AL O	AL DIR	be filed within 72 hours aft	If iten

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		CERTIF	FICATE OI	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Le Edith Iren					2. DATE OF MONTH	DEATH DAY	YEAR S	I. 30 D	
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)			7. DATE OF		8. BIRTHP	LACE (State or Foreign	
221-50-3655	1 □ M 2 💢 F 8	4: YRS.	MONTHS DAYS	HOURS MIN.	May May	13, 1907	Ten		
9a. FACILITY NAME (If not institution, gi	ve street and number)			OR LOCATION OF D	DEATH		UNTY OF DE		
Rt. 3 Box 75A			Dento	n		Ca	aroline	9	
10e. STATE 10b. COU		10c. Cl	TY, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
MD C	aroline		Dento	Of. ZIP CODE		100 0		AT COUNTRY?	
Rt. 3 Box 75A				21629		103	SA	IAI COUNTHY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	res 2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 XNO Spec	en, Puerlo Rica		14. RACE - Black, Specify	American Indian, White, etc.	
15. DECEDENT'S E (Specify only highest gr SEIgmentary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT t	s usual occupa work done during i use retired.) aker	FION nost of working		nd of Business/II	NDUSTRY		
17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S N	AME (First, Midd	lle, Malden Surname,)		
unknown				unknov					
19a. INFORMANT'S NAME (Type/Print) Carolyn E. Huts	Box 75	and Number or Rura A Denton	Route Number,	City or Town, States, I	Zip Code) 529				
20. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 F 4 Donation 5 Other (Specify)	lemoval from State	20b. PLACE AND DA	ry or other place)		DATE	DATE 20c. LOCATION — City or Town, State Camden, Delaware			
4 □ Donation 5 □ Other (Specify) Odd Fellows Cm Camden, D 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleegle→Helfenbein Funeral Home								laware	
> Stude (Mul							and 21639	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	S. ACUTO OR CONC	e Myor as a consequence se stiv	carpie He	art F	TARC	na		Onset and De	
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A CONSEQUENCE OF): diag to immediate ter UNDERLYING isease or injury ed events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant condi	tions contributing to dee	th but not resulting	in the underly	Ing ceuse given i	n Part I. 24	a. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDIN	
					PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
25. WAS CASE REFERRED TO MEDICA			26	PLACE OF DEATH (C	theck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	ome 8 - Rasidence		pecify)			
27. MANNER OF CEATH 1 Netural 8 Pending	28e. OATE OF INJL (Month, Day, Ye		ME OF 28c.	NJURY AT WORK?	-	IBE HOW INJURY O	CCURED		
2 Accident Investigant 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE OF IN. building, etc.	JURY — Al home, ferm (Specify)	, street, factory, of	fica		81. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
CONDUCTORINY	HYSICIAN: To the best of my I							and manner ee state	
296. SIGNATURE AND TITLE OF CERT	Dilon	moso		29c, LICENSE N	UMBER 058	29d. 0	TE SIGNED	(Month, Day, Year) -92	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Ty)	oe, Print)						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								
JAN 29 '92	Guna David	son-Randall							

Manzar Shafi

31. DATE FILED (Month, Day, Year)

JAN 3 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Kline s	R				M	ATE OF DEATH	0	YEAR 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last b		DER 1 YEAR	IF UNDER 24	HRS. 7. D	ATE OF BIRTN Month, Day, Yeag		a. BIRTNI	PLACE (State or Foreign
111-27-2701	1 M 2 🗆 F	65	YRS. MONTH	S DAYS	HOURS	MIN.	2/15/2	6	Country	'n
99. FACILITY NAME (If not institution, give stre Washington County			9b. C		rs town				NTY OF DE	
100. STATE 100. COUNTY Washing	ington		10c. CITY, TOWN							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT		HAT COUNTRY?
Rt. 1 Box 57					21742				USA	
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1X YE IF YES, GIVE WAR OR KOTEAN CO	DATES		It yes, sp	ecity Cuben, I	Mexican, Pu	RIGIN? (Specify Yes arto Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade or		(Give	DENT'S USUAL	ne durina mo	ON ost of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	ilte. Do	o NOT use retired	k Dri			Tunk	r Yar	d	
17. FATHER'S NAME (First, Middle, Last)				ic viu		NO MARKE (F	irst, Middle, Maiden		ш	
John R. Kline							. Brunne			
19a. INFORMANT'S NAME (Type/Print)		19b, A	MAILING ADDRE	SS (Street e			Number, City or Town		Code)	
Avada P. Kline							, MD 2174			
20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remov	val from State	10b. PLACE AND cemetery, crema	DDATE OF DISP	OSITION (Na	me of	601	-92 Hage	CATION -	City or Tow	n, State
21. SUMMATURE OF FUNERAL SERVICE PICE	HELE	eaux I	Lawn Me	2. NAME AN	D ADDRESS	OF FACILITY	-92 nage	visic	JUVL, M	V
X X		_			s Fune		lome			
mis n.	mplications that cause	0		714 2						
23. PART I. ERIEF THE GISERSES. OF CO.		and the deet	h Do not ent	KT . 5	Box /	8 Smi	thsburg.	MD 2	1783	
23. PART I. Enter the diseases, or co ahock, or heart fallure. LI	ist only one cause on	sed the death each line.	h. Do not ent	er tha mo	BOX /	8 Smi	thsburg	MD 2	21783 reat,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition	ist only one cause on	each line.		er tha mo	de of dying	, auch ss	cardiac or respir	retory are	reat,	Approximats Interval Betwo
immediate Cause (Final	ist only one cause on	each line.		er tha mo	de of dying	, auch ss	cardiac or respir	retory are	reat,	Approximats Intsrval Betw Onsat and Da
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	ist only one cause on	each line.		er tha mo	de of dying	, auch ss	cardiac or respir	retory are	reat,	Approximats Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Rup to DUE TO (OR AS DUE TO (OR AS	und s A CONSEQUE	eliro	er tha mo	de of dying	, auch ss	cardiac or respir	retory are	reat,	Approximats Interval Between
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUE S A CONSEQUE S A CONSEQUE X S A CONSEQUE	ence of): ence of): ence of):	er tha mo	nuno	ane	t The	retory are	reat,	Approximats Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	S A CONSEQUE S A CONSEQUE S A CONSEQUE X S A CONSEQUE	ence of): ence of): ence of):	er tha mo	nuno	ane	The was AN	Lau AUTOPSY	desco	Approximats interval Betwo Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUE S A CONSEQUE S A CONSEQUE X S A CONSEQUE	ence of): ence of): ence of):	er tha mo	nuno	ane	t The	Lau AUTOPSY MED?	dence	Approximats Interval Betw Onsat and Da WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUE S A CONSEQUE S A CONSEQUE X S A CONSEQUE	ence of): ence of): ence of):	er tha mo	nuno	ane	The was an a	Lau AUTOPSY MED?	desco	Approximats Interval Betwo Onset and Da WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions	DUE TO (OR AS	S A CONSEQUE S A CONSEQUE S A CONSEQUE X S A CONSEQUE	ence of): ence of): ence of):	er tha mo	COUL	ane di 6 -	I. 24e. WAS AN PERFORE	Lau AUTOPSY MED?	desco	Approximats interval Betwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death	S A CONSEQUE S A CONSEQUE S A CONSEQUE A CONSEQUE A D but not resi	ENCE OF): ENCE OF): Ulting in tha	underlying	COUL	aned in Part	I. 24e. WAS AN PERFORI	Lau AUTOPSY MED?	desco	Approximate Interval Betwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death	S A CONSEQUE S A CONSEQUE S A CONSEQUE T Utpetlent 3 □	ENCE OF): ENCE OF): ENCE OF): Ulting in tha	underlying 28. PL ER: uursing Nom	COUL G cause give	en In Part	I. 24e. WAS AN PERFORI	AUTOPSY MED?	dence	Approximate Interval Betwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to death	S A CONSEQUE S A CONSEQUE S A CONSEQUE T Utpetlent 3 □	ENCE OF): ENCE OF): Ulting in tha	underlying 28. PL ER: ursing Nom 28. INJ	COUL G cause give ACE OF DEAT THE STORT AT RICT	en in Part	I. 24e. WAS AN PERFORI	AUTOPSY MED?	dence	Approximate Interval Betwo Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to death	S A CONSEQUE S A CONSEQUE S A CONSEQUE A CONSEQUE	ENCE OF): ENCE OF): ENCE OF): Ulting in tha DOA OTH: 4 N	underlying 28. PL ER: uraing Nom 28. INJ 28. INJ	COUL G cause give ACE OF DEAT B 5 Pasid URY AT RK? (ES 2 N	en In Part TH (Check on ence 8 4 28d.	I. 24e. WAS AN PERFORI	AUTOPSY MED?	24b.	Approximate Interval Betwo Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da Onsat and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS DUE TO	S A CONSEQUE S A CONSEQUE S A CONSEQUE A CONSEQUE	ENCE OF): ENCE OF):	underlying 28. PL ER: urnsing Nom 28c. INJI WO 1 V	g cause give	en In Part TH (Check on ence 8 28d.	I. 24e. WAS AN/PERFORI 1 YES 2 Other (Specify) DESCRIBE NOW IN LOCATION (Street er City or Town, State)	AUTOPSY MED? NO	24b.	Approximate Interval Betwo Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De Onsat and De

ll St. Hagerstown, Md.
32. REGISTRANS SIGNATURE
Line Sanitan Kneek

21740

368 Mill St.

1992

Now a life to the

...

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAN		CE	-niir	ICATE OF	DEAL	п	REG. NO.			
	1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF DEATH MONTH DA	v	VEAR	3. TIME OF DEATH
	HARRY	Α.			KIDWEL.			JANUARY 2	6, 1	992	10:20A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. less	t birthday)	IF UNDER 1 YEAR	IF UNDER :		7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	213-22-3350	12€ M 2 ☐ F	65	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 8-13-1	926	Country)	WV
	9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOWN	OR LOCATIO	N OF DE			NTY OF DE	
OR	Memorial Hospit	al & Medica	al Cente	r	Cımb	erland	1		Δ1	legar.	137
5									411	10501	Ly
DIRECTOR	1.000	DUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
٩		legany		W	estern	port					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?
9	220 Green	e St.				2156	2		τ	JSA	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARI		13. WAS DE	CENDENT OF	HISPAN	IIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14. RACE	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	A OR DATES			3 2X NO				Specify	White
		WWII									
COMPLETED	15. DECEDENT'S (Specify only highest	grade completed)	16a. DE6	CEDENT'S	USUAL OCCUPAT work done during made retired.)	ON ost of working	,	16b. KIND OF BUS	INESS/IND	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	,								
₹	7	0	CI	Lari	fier 0	pera	tor	West	vacc)	
	17. FATHER'S NAME (First, Middle, Las	,						ME (First, Middle, Maiden	,		
BE	Harry C.							Mary Cass			
2	19a. INFORMANT'S NAME (Type/Print)							loute Number, City or Town			
	Mrs. Anna M	ae Kidwel	1	220	Green	e St	.,	Westernpo	ort,	MD	21562
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3	Removal from State	20b.PLACEA	ND DATE	OF DISPOSITION (A					City or Town	
	4 ☐ Donation 5 ☐ Other (Specify)		St. I	ete	r's Ce	mete	ry	1/29/92	Vest	ernr	ort. MD
	21. SIGNATURE OF FUNERAL SERVI	DE LICENSIES		-	22, NAME A	ND ADDRESS	S OF FAC	CILITY		<u></u>	0207 [1]]
	► /./.10 in	114	10 . 6					neral Ho			
	23 PART I Enter the diseases	or complications that	WALK!		P.O.	Box	4,	Piedmon	t, V	1V	
	23. PART I. Enter the diseases shock, or heart fall	ure. List only one çau	se on aach lina.	ith. Do n	ot anter the me	oda of dyin	g, such	sa cardiac or respi	atory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fins)	Ada	10 M10	d	2 Den	96 FO	U	LIMO	n-		Onset and Death
	disesse or condition resulting in death)	a. Mul	VU11100	1 6	XVIVI	0110.	~	1110 001	1 1 2		
		/ \	OR AS A CONSEO	UENCE OF	7: 1- 1-	2 Am	7 /	1000			
2	Sequentially list conditions,	- Sev	UL	1	ma	NIO	11	0 21 m	Y)		
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEO	UENCE OF	D: //	/					
CERTIFICATION	CAUSE (Disease or injury	C		andreas and	V	/					
Ë	that initiated eventa resulting in death) LAST	DUE 10	ON AS A CONSEC	VENCE OF	" D	Con	10	-			
5		d	Luxe	17	10	Acc.					
	PART II. Other significant cond	litions contributing to	death but not re	sulting i	n the underlyin	o cause oi	ven in I	Part i. 24s. WAS AN	итовеч	Tank k	WERE AUTOPSY FINDINGS
MEDICAL						g coude g.		PERFOR		A	WAILABLE PRIOR TO
								1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
								_		_ 1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC								_		
PHYSICIAN:	EXAMINER?	HOSPITAL:			26. P	ACE OF DEA	ATH (Che	ck only one)			
₹ I	1 YES 2 NO	1/0 Inpetient 2 🗆			4 - Nursing Hon	e 5 🗆 Resi	Idence (8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE DF (Month, Da		28b. TIME INJ		URY AT		28d. DESCRIBE HOW IN	JURY OCC	CURED	
à	2 Accident investige					YES 2	NO				
	3 Suicide 8 Could no		INJURY — At hometc. (Specify)	ne, farm, e	treet, fectory, offic			281. LOCATION (Street at City or Town, State)	nd Number	or Rural Roc	ute Number,
E I	4 Homicide detarmin	rd									
2	29a. CERTIFIER (Check only	HYSICIAN: To the best of	my knowledge, dea	th occurre	d at the time, date	and place, a	and due t	to the cause(a) and many	ver as stat	ad	
COMPLETED	one) 2 MEDICAL EXA	MINER: On the besis of ax	amination end/or in	veatigation	n, in my opinion, o	eath occured	d at the t	lms, data and place, and	due to th	e Cabse(a) (and manner as stated
	29b. SIGNATURE AND TITLE OF CEN					29c. LICEN					
BE	1							BEH	29d. DATI	E SIGNED IN	Month, Day, Mer)
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALLS	F OF DEATH ATEM	27) /*	Deine)	D 23	371		-	100	1/9
	Or. Qamar Zaman					14400		umborland	MD	2	1502
- 16					LCAL DU	Tarng	, (1	umberland,	LID		#JU2
	31. DATE FJAN 2 9 1992	वुनाव स्थानि	S SIGNATURE O								

DIVISION	L DR ATTENDING	TOR: After
DIVI	DR AT	DIRECT
	HOSPITA	TO THE FUNERAL DIRECTOR: After
	THE OT	THE
	2	23
	,	4

Goodwill Mennonite Nursing Home Grantsville	92 9:38 A 8. BIRTHPLACE (State or Foreign Country)
4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 94 YRS. 6. AGE (In yrs. last bird day) 1 WORTHS 1 DAYS 1 MONTHS 1	8. BIRTHPLACE (State or Foreign Country)
164-38-3432 1 M 2 (XF) 94 YRS. 1 M 10/17/1897 98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. C	
	Penn.
Goodwill Mennonite Nursing Home Grantsville	COUNTY OF DEATH
	Garrett
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
Penn Somerset Salisbury	LIMITS?
· · · · · · · · · · · · · · · · · · ·	CITIZEN OF WHAT COUNTRY?
Grant Street, Box 382	USA
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No- FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)	- 14. RACE - American Indian, Black, White, atc.
1 YES 2 X NO Specify:	Specify:
	White
18a. OECEOENT'S USUAL OCCUPATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) Homemaker 18a. OECEOENT'S USUAL OCCUPATION (Glive kind of work done during most of working life. Do NOT use retired.) Homemaker 18a. OECEOENT'S USUAL OCCUPATION (Glive kind of working most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS (Blow kind of working life. Do NOT use retired.) 18b. KIND OF BUSINESS (Glive kind of working most of working life. Do NOT use retired.)	
8 Homemaker Own Home	9
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surman	10)
Henry McKenzie Lucinda Firl	
198. INFORMANT 5 NAME (Typerrint)	, Zip Code)
dieta L. Miller [DOX 101; Spirings, FA 15502	I — City or Town, Stata
1 X Burial 2 Cremation 3 Removal from State other place)	oury, PA
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	oury, FA
Newman Funeral Home, Inc.	
Tot di di di Seleet, Sal isbui	
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory shock, or haert failure. List only one cause on each line.	interval Between
IMMEDIATE CAUSE (Fine)	Onset and Des
reaulting in deeth) a. CAYCLIO VASCU-AT TAI UUL DUE TO (OR AS A CONSEQUENCE OF):	
Comment of the territory	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DYD YRY DUE TO (OR AS A CONSEQUENCE OF): d.	
cause Enter UNDERLYING COronary Artery Risease	
that initiated events DUE TO (OR A CONSEQUENCE OF)	
d	
PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part 1. 24s. WAS AN AUTOF	
PERFORMED? 1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE
	OF DEATH?
25. VINS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF DEATH SPITAL: 1 Inpetiant 2 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY 28b. Time OF 28c. INJURY AT WORK?	
1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
28a. DATE OF INJURY (Month, Day, Year) 28b. Time OF INJURY WORK? 28d. DESCRIBE HOW INJURY WORK?	OCCURED
1 Netural 8 Pending M 1 YES 2 NO 2 Accident Investigation	
	mber or Rural Route Number,
4 Homicide determined	
☐ 4 Homicide determined	stated.
4 Homicide determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as	
1 4 Homicide determined 1 29a. CERTIFIER TO ESTIPUING BUYENCIAN. To the host of the host o	to the cause(a) and manner as stated
29a. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dath occurred at the time, data and place, and due to the cause(a) and menner as 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dath occurred at the time, data and place, and due 29b. SIGNATURI AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d.	DATE SIGNED (Month, Day, Year)
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. 29d. 29d. 29d. 29d. 29d. 29d. 29d.	
29a. CERTIFIER (Check only) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dath occurred at the time, data and place, and due 29b. SIGNATURI AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	DATE SIGNED (Month, Day, Your)
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and menner as medical examiner. On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. D - 3 + 6 7 9	DATE SIGNED (Month, Day, Year)

72 137₁

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Deer, of Health and Mental Hyglene prior to burial, cremation, or removal.	insonorant it is a 28 is marked or term 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	MEDODTANT: If Item 28 Is

REGISTRAR 1. DECEDENT'S NAME (First, Middle, La	st)						2, DATE OF D	EATH			OF DEATH
William Lanc	aster						1 _ 21	6 - 92		AR Q.	50 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	IRTH		BIRTHPLACE (S	
213-10-9681	1 💢 M 2 🗆 F	84	YRS.	MONTHS DAYS	HOURS	MIN.	(40nth 309)	-06	(Country) Mo	a.
9a. FACILITY NAME (If not institution, gi	ve street and number)	025		9b. CITY, TOWN	OR LOCATIO	ON OF DEA	TH	90	. COUNTY	OF DEATH	4.6
Frostburg Hosp			- "6	Frostb					Alle	gany	
RESIDENCE OF DECEDENT	71 64 1			11000	3					-	
10a. STATE 10b. COU			10c. CIT	Y, TOWN OR LOC	ATION					10d, INS	IDE CITY
Md.	Allegar	1y	Fr	ostbur	g					HE YE	S 2 NO
10e. STREET AND NUMBER				1	01. ZIP CODE	E		10	g. CITIZEN	OF WHAT COL	JNTRY?
23 Welsh S	t.				215	32			U.	S.A.	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARM	IED	13. WAS DE	CENDENT O	F HISPANIC	ORIGIN? (Sp Puerto Rican	ecify Yea or 1	No- 14.	RACE — Amer Black, White,	ican Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced		1 TYES 2 MINO WAR OR DATES			S 2 NO		Pueno Hican	, atc.)		Specify: Wh	ite
15. DECEDENT'S I		16a. DECI	EDENT'S	USUAL OCCUPAT	TION	w	16b. KIN	OF BUSINE			
Elementary/Secondary (0-12)	College (1-4 or 5	i+) iffe. E	Do NOT u	work done during n se retired.)	root or works	9					
10		Gu	msm	ith			Gu	n Sho	p (8	Self)	
17. FATHER'S NAME (First, Middle, Last)							E (First, Middle		name)		
Grant Lanca	ster				E	Lla	Skid	more			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	t and Number	or Rural Ro	oute Number, C	city or Town, St	tate, Zip Co	de)	
Mary Alice H	arris	3	8 U	hl St.	Fr	osth	urg.	Md.	215	32	
20a METHOD OF DISPOSITION 1 Deputies 2 Cremetion 3 5	Name of Asset State	20b. PLACE A	AND OAT	E OF OISPOSITIO	N (Name		DATE	20c. LOCATI	ION — City	or Town, State	
4 Donation 5 Other (Specify)	temoval from State	_ St. M	iich	ael Ce	mete	ry	1/29	Fros	tbu	rg. Mo	i.
21. SIGNATURE OF FUNERAL SERVICE	FLICENSEE										
III GIGHT SHE OF T GIVE THE GETTION	LICENSEE			22. NAME	AND ADDRE	SS OF FAC	LITY				
23. EAST I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Finei disease or condition resulting in death)	or complications the	use on each lina.		Dur s	st Fu	ners	1. Hor			In	pproximate terval Betw
23. EART I. Enter the diseases, ahock, or heart failt iMMEDIATE CAUSE (Finel disease or condition	or complications the tree. List only one call. a. Acult. DUE T DUE T Corr		UENCE O	Durs	st Fu	ners	1. Hor			, A	pproximate terval Betw
23. EART I. Enter the disease, ahock, or heart failu iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	or complications the tree. List only one call. a. Acult. DUE T DUE T Corr	O (OR AS A CONSEOU O (OR AS A CONSEOU O (OR AS A CONSEOU MM awn	UENCE O	Durs	st Fu	ners	1. Hor			, A	
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23. FART I. Enter the diseases, ahock, or heart fallu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentlelly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications the tree. List only one call. a. Quilt Due T Correct	O (OR AS A CONSECUTION OF	UENCE O	Durs	st Funda of dy	ners Ing, auch Aulto Lasi	es cardisc	or reapirate	TOPSY	24b. WERE A	pproximate terval Between Betw
23. PART I. Enter the diseases, shock, or heart fallu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	or complications the re. List only one can be contributing to the contributing the can be can	O (OR AS A CONSECUTION O (OR AS A CONSECUTION	UENCE O	Dur s not anter the m eliel PF): Level PF): United In the underly	st Funda of dy	ners Ing, auch Aulto Lasi	es cardisc	or reapirate	TOPSY	24b. WERE A	uropsy Finol LE PRIOR TO
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23. PART I. Enter the diseases, ahock, or heart failure immediate CAUSE (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of	or complications the re. List only one can be contributing to the can be contributed to the can	O (OR AS A CONSECTION OF INJURY Day, Yearl, (Specify)	UENCE O UENCE O UENCE O UENCE O UENCE O DOA 26b. Till IN	Dur s not anter the m click OF): Use of the underly A	ing ceuse PLACE OF E NUURY AT WOOK? YES 2 [Hitca	nersing, such	Part I. 24s Ock only one) City or R 261. LOCATIO City or R	or reapirate a. WAS AN AUTPERFORME YES 2 ORCHY) BE HOW INJU ON (Street and wm, State)	TOPSY D? NO NO Number or	24b. WERE AI AMAILAB COMPLE OF DEAT 1 YE	uttopsy finoi LE PRIOR TO TIDN DF CAUSTIFF?
23. FART I. Enter the diseases, shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions of the cause o	or complications the re. List only one can be contributing to the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contributing the contribution to the contribution contributing the contribution contributing the contribution contributing the contribution contributing the contribution contributio	O (OR AS A CONSECTION OF INJURY Day, Yearl, (Specify)	UENCE O UENCE O UENCE O UENCE O UENCE O DOA 26b. Till IN	Dur s not anter the m click OF): Use of the underly A	Ing ceuse PLACE OF Come 5 R NJURY AT WORK? YES 2 [Hitch and place of the country of the count	nersing, such	Part I. 24s Cok only one) S Other (Sc 28d. DESCRII 28f. LOCATIC City or R	or reapirate a. WAS AN AUT PERFORME YES 2 OCITY) BE HOW INJU ON (Street and down, State)	TOPSY D? NO No Number or	24b. WERE AL AMAILAB COMPLE OF DEAT 1 YE	pproximate terval Between Betw
23. FART I. Enter the diseases, ahock, or heart failure immediate cause. (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions of the conditions of	or complications the rest List only one can be contributing to the contributing the can be contributed to the can be contr	O (OR AS A CONSECTION OF INJURY Day, Yearl, (Specify)	UENCE O UENCE O UENCE O UENCE O UENCE O DOA 26b. Till IN	Dur s not anter the m click OF): Use of the underly A	Ing ceuse PLACE OF Come 5 R NJURY AT WORK? YES 2 [Hitch and place of the country of the count	nersing, such	Part I. 24s Cok only one) S Other (Sc 28d. DESCRII 28f. LOCATIC City or R	or reapirate a. WAS AN AUT PERFORME YES 2 OCITY) BE HOW INJU ON (Street and down, State)	TOPSY D? NO NO Number or r as stated, lue to the co	24b. WERE AI AMAILAB COMPLE OF DEAT 1 YE	Deproximate terval Between Bet
23. FART I. Enter the diseases, ahock, or heart failure immediate cause. (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions of the conditions of	or complications the re. List only one can be contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contributing to the contribution to the	O (OR AS A CONSECTION OF INJURY Dey, Year) OF INJURY — Al hong, etc. (Specify) of my knowledge, deal axemination and/or in	UENCE O UENCE O UENCE O UENCE O UENCE O DOA 26b. Till In In In In In In In In In	Dur s not anter the m elel pr: wery pr: clever pr:	Ing ceuse PLACE OF Come 5 R NJURY AT WORK? YES 2 [Hitch and place of the country of the count	nersing, such	Part I. 24s Cok only one) S Other (Sc 28d. DESCRII 28f. LOCATIC City or R	or reapirate a. WAS AN AUT PERFORME YES 2 OCITY) BE HOW INJU ON (Street and down, State)	TOPSY D? NO NO Number or r as stated, lue to the co	24b. WERE AL AMAILAB COMPLE OF DEAT 1 YE	Deproximate terval Between Bet

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL	HYGIENE
		CERTIFICATE OF DEATH		REG NO

1 - STATE REGISTRAR		STATE OF M	ARYLAND /	DEPARTI	MENT OF H	IEALTH AND	MENTAL HYGIENS		0730	
1. DECEOENT'S NAME (First, Middle, Last)		_					2. DATE OF DEATH MONTH DAY	4 4545	3. TIME OF DEATH	
NORMA		L.		LEASE			01 23		8:30 A M	
4. SOCIAL SECURITY NUMBER 212-32-8029	17	∑ M 2 व्लु F	71 YRS. ISST DITTHOUGH 1 YES			IF UNDER 24 HRS. HOURS MIN.	3-25-1920	BIRTHPLACE (State or Foreign Country) Md		
9a. FACILITY NAME (If not institute of the control	pital	and number)		,	Cumbe	rland	EATH	Allega:		
	0b. COUNTY			10c. CITY, 1	TOWN OR LOCAT	ION .			10d. INSIDE CITY	
Md	Allegar	ny		Fros	tburg				LIMITS?	
10e. STREET AND NUMBER						. ZIP CODE		10g. CITIZEN OF	- 1	
Rt 1, Box	459					21532	l l	USA		
11. MARITAL STATUS 1 Never Married 2 Mills Mill	nrried	FORCES? 15	YES 2		It yea, sp	ENDENT OF HISPAI ocity Cuban, Maxica 2 (CNO Specif	NIC ORIGIN? (Specify Yes n, Puarlo Rican, etc.)	Blac	E — American Indian, k, Whita, atc. #White	
15. DECED	ENT'S EDUCATI	ON	16a. OE	CEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUSI	NESS/INOUSTRY		
Elementary/Secondary (0-12	ighest grade com	ollege (1-4 or 5 +)	(G life	ive kind of work Do NOT use n	k done during mo stired.)	st of working				
12		0	Can	rpente	r		Cont	ractor		
17. FATHER'S NAME (First, Midd Leonard	Joseph	ı Leas	e			16. MOTHER'S NA	ME (First, Middle, Maiden S Han	nah		
19a. INFORMANT'S NAME (Type Nancy Mae Le			Rt	t1, BO	DRESS (Street a	Frostbu	Ploute Number, City or Town,	State, Zip Code)		
20a. METHOO OF DISPOSITION 1XX Burial 2 Cremation	3 🗌 Ramoval	from Stata	20b. PLACE		DISPOSITION (Na		DATE 20c. LOC	ation - city or to		
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S		EE	Daise	c Meill.					٦.	
23. PART/I. Enter the dise	Mckeye)			Lonad	coning, Mo	enzie Funer 1. 21539			
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentielly liet condition if any, leeding to immedia ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a is,	OUE TO (C	OR AS A CONSE	DUENCE OF):	4 ~	? prem	ary		Interval Batween Onset end Deeth	
25. WAS CASE REFERRED TO N	Perja		eath but not r	eculting in t		Cause given in	PERFORM 1 □ YES 2X	ED?	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
EXAMINER?	H	SPITAL:	B/Outpetlant 2		THER:					
27. MANNER OF DEATH 1 Natural 5 Per		28a. DATE OF IN (Month, Day,	JURY	26b. TIME O	F 28c. INJ	JRY AT	6 Other (Specify) 26d. DESCRIBE HOW IN.	JURY OCCURED		
	uld not be armined	28a. PLACE OF building, et	INJURY At ho c. (Specify)	me, farm, atre	et, factory, office		261. LOCATION (Street an City or Town, State)	d Number or Rural I	Route Number,	
							to the cause(a) and mann		i) and mannar as stated.	
296. SIGNATURE AND TITLE OF	CENTIFIER	my	/			D 28910	400	P // 2	(Month, Day, Year)	
Dr. H.C. Mer		MPLETED CASSE						MD 2150)2	
" JAN 2 7 1992		Davidson-	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN							

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After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 beath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or liam 22 chains and injury or nihar trainmatic avant the madical accompany mands to notified at some
	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

92 03737 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BESSIE VEAR LIKENS LANORA JANUARY 1992 3:00 P 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 215-20-5436 DEC 1908 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital & Medical Center Cumber land Allegany RESIDENCE OF DECEDENT 10e. STATE toh COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY YES 2 NO MARYLAND CUMBERLAND ALLEGANY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 124 COLUMBIA STREET 21502 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Wildowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) HOUSE KEEPER HOUSE KEEPER 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE NELSON PORTER MATILDA KENDALL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY BLAKE COLUMBIA 122 CUMBERLAND MARYLAND STREET 20e METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) TEMPI.E 1992 CEMT IANIIARY 27 rfd myersdale PA 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY MERRITT-ADAMS FUNERAL ferrib HOME 404 DECATUR STREET CUMBERLAND MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS, A CONSEQUENCE OF): reaulting in death) palu CERTIFICATION our Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO npatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day. D 28910 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. H. C. MERRICK MEMORIAL HOSPITAL MEDICAL BUILDING CUMBERLAND, MD

2 MEDICAL EXAMINER: 9h the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.

JAN 2 7 32. RESISTRAR'S SIGNATURE

29b. SIGNATURE AND TITLE OF CERTIFIE

30. NAME AND ADDRESS OF PERSON

BE

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21502

1 LAND 21203-3140	by the hospital or attending physician.	I be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, F.O. BOX 13148, BALLIMORE, MARILAND 21203-3148	IENDING PHYSICIAN: The law requires that the death certificate be executed within the law is after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
NIG	TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this he filed within 72 hours after death with	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND !	MENTAL HYGIENI	9	2 03738
	1 - REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lust) Mary Ouise	Lane		OF DEATH	REG. NO.	. ^	3. TIME OF DEATH 2 //: OO PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. lest	YRS. IF UNDER	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-07-0	0.	BIRTHPLACE (State or Foreign Country) Maryland
CTOR	Manor Care		To	SON	ATH ,		timore
L DIRECTOR	Maryland Balt	imore	10c. CITY, TOWN O	imonium		40 - OITITE	10d. INSIDE CITY LIMITS? 1% YES 2 NO 1 OF WHAT COUNTRY?
FUNERAL	236 East Timoni			21093		U.S	. A .
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerlo Rican, etc.)		. RACE — American Indian, Black, White, etc. Specify: aucasian
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12 Yrs HSqrad	TION 16e. DE (G/		ccupation during most of working r/Homemake	16b. KIND OF BUS		
SOM	17. FATHER'S NAME (First, Middle, Last)		reache		ME (First, Middle, Maiden		n/Home
띪	William Washi		b. MAILING ADDRES	Bert S (Street and Number or Rural	ha Helen Route Number, City or Tow		
2	Barbara L. Phoe	bus	236 Eas	t Timonium			m. MD 21093
	20a. METHOD OF DISPOSITION 1 Disposition 3 Remove 4 Donation 5 Other (Specify)	ral from State other pla	ace)	ame of cemetery, crematory or	4 -		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE			NAME AND ADDRESS OF FA	CILITY	Man Comme	Maryland
	Kaudokl	4. House	-	oore Funer rawer B, D			nd 21629
	23. PART 1. Enter the diseases, or co shock, or heert falliers. Li	in only one cause on each line	eth. Do not ente				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ATHEROS DUE TO (OR AS A CONSE	Clevr	otic CAV	AVOIOS	SCA	Onset and Death
z	C.	DUE TO (OR AS A CONSE	-	SEAJE			
ATIO	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSEC					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF):				
	PART II. Other algolificant conditions	contributing to death but not i	resulting in the u	nderfyling cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL					1 _ YES ;	1	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	neck only one)		
YSIC	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		rsing Home 5 - Residence			
ву Рн	27. MANNER OF DEATH 1 Vistural 5 Pending Investigation	26e, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUI	RED
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fe	story, office	28f. LOCATION (Street City or Town, Stete		Rural Route Number,
COMPLET	CONTROL OF THE	:AN: To the best of my knowledge, de					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	: Congs	mb	Sec. LICENSE NU	MBER 770	29d. DATE S	SIGNED (Month, Day, Year)
	30 NAME AND ADDRESS OF PERSON WHO	monado espesa marcas polo mallare, uma					

630

0-32. REGISTRAR'S SIGNATURE Julia Davidson

DIVISION OF VITAL RECORDS, F.O. BOX 80/04, BALLIMORE, MARTLAND ZIZIS-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Distriction of VII AL RECORDS, T.O. BOX 88/80,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med

- 1 - FOR STATE REGISTRAR	STATE OF MARY		TOF HEALTH AND	MENTAL HYGIENE REG. NO.	2 00/05
1. DECEDENT'S NAME (First, Middle, Chri Stian) 4. SOCIAL SECURITY NUMBER	H. Minnic	h Jr		2. DATE OF DEATH DAY	YEAR 92 440 PM
196-14-4256	<u>₩</u> X M 2 □ F	63 YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 26, 1928	a. BirTNPLACE (State or Foreign Country) PA. Franklin Cou
University of I	Maryland Hospit		Baltimore, M		COUNTY OF DEATN
Penna. Fr	ounty anklin	10c. CITY, TOWN	or Location esboro		16d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO}\) NO
100. STREET AND NUMBER 12134 Bayer D: 11. MARITAL STATUS	rivo		10f. ZIP CODE		CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	1726 I. WAS DECENOENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	NIC ORIGIN? (Specify Yea or No- an, Puerto Rican, etc.)	Black, Whita, etc. Specify:
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, La	S EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Mechanic	OCCUPATION e during most of working)	166. KIND OF BUSINESS Mack Truck	
17. FATHER'S NAME (First, Middle, La	Christian Howa	ard Minnich,	Sr.	AME (First, Middle, Maiden Surnam Mary Rossman	ne)
Virginia M. Mi	nnich	12134 Bay	yer Drive, W	Route Number, City or Town, State aynesboro, PA.	17268
20s-METHOD OF DISPOSITION 1	Removat from State		e) emetery H. NAME AND AGGRESS OF F	2/2/92 Wayn	nesboro, PA. 17268
23. PART Enter the diseases ahock, or heart for management of the condition resulting in death)	a. LX5010	od the deeth. Do not ente	er tha mode of dying, suc	ch as cardiac or respiratory	arreat, Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OU MOY	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF):	arction beter p	- (by x-r lacement	ay) 45 min
PART II. Other algorificant con-	e heart-	but not resulting in the	inderlying cause given in	1 Part i. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	AL HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY	petient 3 DOA 4 N	rsing Home 5 - Rasidence	8 Other (Specify)	
2 Accident Investigation 3 Suicide 8 Could in	(Month, Day, Year) Ition 28a. PLACE OF INJUR building, atc. (Soe	INJURY M Y — At home, farm, street, fa	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State)	
	PHYSICIAN: To the beat of my know			a to the cause(a) and manner as	stated.
29b. SIGNATURE AND TITLE OF CEP SO. NAME AND ADDRESS OF PERSO Elizabl H 31. DATE FILED (Month, Day, Year)	Capacio /	4D EATN (ITEM 27) (Type, Print) 22 500	29c. LICENSE NU VMMS		DATE SIGNED (Month, Day, Year) 1/29/92 1/more, MD
JAN 3 1 1992	Szynedistrian s side	-R			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygine prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Inliur, or other traumable event, the medical examinar must be marked at nace.

FEB 03 1992

132. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYG		
	1. DECEDENT'S NAME (First, Micdile, Last)	Glenn Roy M	ARTIN	_		2. DATE OF DEAT		YEAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 214-09-9067 Sa. FACILITY NAME (If not institution, give str	12 M 2 🗆 F 8	(In yrs. last birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	HOURS MIN.	7. DATE OF BIRTY (Month, Day, Yes	1906	BIRTNPLACE (State or Foreign Country) Pennsylvania NTY OF DEATH
CTOR	Washington County	Hospital			rstown			shington
DIRECTOR		ington	_	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1902 Youngstoun D			10	21740		10g. CIT	USA
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes, ap	CENDENT OF HISPA ecify Cuban, Maxic 2 XNO Speci	NIC ORIGIN? (Specifian, Puerto Rican, ato	y Yea or No— :.)	14. RACE — American Indian, Black, Whita, atc. Specity: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of vi	USUAL OCCUPATION Work done during mose retired.)	ON ost of working		BUSINESS/INI	DUSTRY
BE COM	17. FATNER'S NAME (First, Middle, Last) Napolean S. Marti			icer ing		AME (First, Middle, Me Le B. Gr	iden Sumame)	126
TO	19a. INFORMANT'S NAME (Type/Print) Mary Martin					Hagerst		
	20a. METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Denailon 5 Other (Specify)	val from State 20	b. PLACE AND DATE Of the state of the state	OF DISPOSITION (NE	ame of	DATE 200	. LOCATION -	City or Town, State
	21. SIGNAPORE OF FURENAL SERVICE LICE	Morio	nni - k	22. NAME AI MINNI	ND ADDRESS OF FA	AL HOME		own, Md. 21740
	23. PART I. Enter the diseases, or conshock, or heart feiture. LimmeDiATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	d the deeth. Do neeth line.	not anter tha mo	de of dying, au	ch as cerdiec or r	espiratory an	rest, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events resulting in death) LAST	DACE TO JOH AS A	A COMMEQUENCE OF	MO (A)	EDIAL.	Inliano sesse		าเพาษ์
MEDICAL	PART II. Other eignificant conditions	contributing to deeth b	out not resulting i	in tha underlyin	g ceuse given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C)			
BY PHYS	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Out	28b. TIM	E OF 28c. INJ URY WO		8 Other (Specify) 26d. DESCRIBE HO		CURED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, farm, a	street, factory, offic		28f. LOCATION (St. City or Town, S	reet and Number state)	or Rural Route Number,
COMPLETED	2 MEDICAL EXAMINER	EIAN: To the best of my known: t: On the basis of examination	rledga, daath occurre on and/or investigatio	ed at the time, data n, in my opinion, d	and place, and due	a to the cause(s) and time, data and place	menner as atm	ted.
O BE	29b. SIGNATURE AND TIPLA OF CERTIFIER	TEN	mo		29c. LICENSE NUI	MBER CY3	29d. DAT	E SIGNED (Manth, Day, Year)
-	20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type.	Print	Hame:	retour	12 11	2012110

3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 75 hours after death with the State Degit of Health and Mental Hygher perior to burial, permition, or removal, or removal, or removal.	The month of the state of the s
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The state of the s			IARYLAND C		ICATE			MICH	REG. NO			
1. DECEDENT'S NAME (First,	Gen Gen	rude		M	172	orch (2. D/		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB		SEX	6. AGE (In yrs. Ia	st hirthday)	IF UNDER LY	EAR DELL	NDER 24 HRS	2.04	TE OF BIRTH	X	1992	1:00 a.
220-18-0411	1	□ M 2 □ 5	77	YRS.		AYS HOU	7	(M	lonth, Day, Year)		Country)	
9a. FACILITY NAME (If not ins	titution, give street	and number)	- , ,		9b. CITY, TO	WN OR LO	CATION OF		t.8,191	_	Mary	
Washington	County	Hospita	1			Hager	stown	1		Wa	eshi.	19ton
10a. STATE	10b. COUNTY				Y, TOWN OR I							IOd. INSIDE CITY
Maryland 100. STREET AND NUMBER	Washin	gton		<u> </u>	lagers	_						YES 2 NO
15 Clinton	15 Clinton Ave. 21740									USA	IAT COUNTRY?	
1 Never Married 2 1	1 Never Married 2 Married FORCES? 1 YES 2 (XNO IF YES, GIVE WAR OR DATES 1 YES 2 (XNO IF YES, GIVE WAR OR DATES 1 YES 2 (XNO Specify YES ON Specify YE								s or No—	14. RACE — American Indian, Black, Whita, atc. Specify: White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)									USTRY			
17. FATHER'S NAME (First, Mic	Idle Leets	-	П	ousew	/1Ie							
Hunter		Thomas	Sh	erley	,		cother's i		st, Middle, Maiden		Dani	instan
19a. INFORMANT'S NAME (Ty		monido							Virg			ington
Beverly A.L.	anehart		"						agerstov			0
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 4 Donation 6 Other	3 - Removal	from Stata	20b. PLACE	AND DATE O	of disposition ther place) Cemet	N (Name of			ATE 20c. LO	CATION — C	City or Town	n, Stata
21. SIGNATURE OF FUN (RAL		SEE () A	Jureen	HILL		E AND AD			[Wayr	nesbo	ro,PA	
Major	m.	asla	~		OSI	BORNE	FUNE	RAL	HOME illiamsp	ort. I	MD 21	795
23. PART I. Enter the dis	eeses, or com	plications that only one caus	ceused the de	eth. Do n	ot enter the	mode of	dying, su	ch es c	erdiec or reepi	ratory erre	et,	Approximate
iMMEDIATE CAUSE (Find disease or condition resulting in death)		Aux	· My		diel		Thi	Cav	chor	2		Onset and Deat
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Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN	ete	OUE TO (OR AS A CONSE	OUENCE OF		onav	YV	espe	1 6/13	ease	2	10 year
CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEC	DUENCE OF	ŋ:							,
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25. WAS CASE REFERRED TO	MEDICAL					6. PLACE O	E DEATH #	h				
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27. MANNER OF DEATH 1 Natural 5 P	ending	26a. DATE OF II (Month, Day	NJURY	26b. TIME	URY	. INJURY AT		_	DESCRIBE NOW IF	YJURY OCC	URED	
3 Suicida 6 C	vestigation ould not be stermined	26a. PLACE OF building, a	INJURY — At ho	me, farm, s				26f. L	OCATION (Street sity or Town, Stete)	nd Number o	or Rural Rou	te Number,
29a. CERTIFIER (Check only one) 2 MEOIC	YING PHYSICIAN AL EXAMINER: O	: To the beat of n	ny knowledge, de mination and/or i	ath occurre	d at the time,	data and pl	ece, and du	a to the de	cause(s) and man	ner as state	d. cause(s) a	nd manner as atated.
296. SIGNATURE AND TITLE		1					ICENSE NO		rd			Conth, Day, Year)
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30. NAME AND ADDRESS OF	PERSON WHO CO	MPLETEO CAUSE	1450	M 27) (Type,	Poto	Mac	Ai	P,	Hoge	vst	Dur	+0 (79) L

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EC	RESIDENCE OF D	10c. CIT	Y, TOWN OR	LOCATIO	ON					10d. INSIDE CITY			
DIR	Maryland	Ga	rrett		E	iand	cvi	110					LIMITS?
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COMPL	17. FATNER'S NAME (First,	, Middle, Last)		IHE	ıvy l	quip		18. MOTHER'S N.		Garret Middle, Malden		J . K	loads
ш	Samuel R	ilev	McCrobi	٩				Rose					
0	19e. INFORMANT'S NAME				9b. MAILIN	AOORESS	(Street and	d Number or Rural			n, State, Zip	Code)	
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	21. SIGNATURE OF FUNDIAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A												
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	23. PART I. Enter the shock, of IMMEDIATE CAUSE (disease or condition resulting in deeth)	r haart fallure (Finel	r complications the List only one co	euse on esch lir	ne.	not enter t	5 M	ain St	ree	t: Gra	antsv	/ill	Approxime Interval Bs Onsat and
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ii. Other aignificant condition					DI ACE O	E DEATH #0					AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	REGISTRAR	C	ERTIF	ICATE OF	DEATH	REG. NO.			
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~	9e. FACILITY NAME (If not institution, give street and n		9b. CITY, TOWN	OR LOCATION OF DE	9c. COUNTY OF D				
DIRECTOR	PENINSULA GENERAL H	OSPITAL		S	ALISBURY		WICOMICO		
H H	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?	
	Maryland Dorche	ster		Vienr	ı a			1 X YES 2 NO	
FUNERAL	Post Office Box 2		10	21869)	U.S.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS FOR	MED NO	13. WAS DE	American Indian, c, White, atc.					
田田	15. DECEDENT'S EDUCATION (Specify only highest grade completed) /G	ive kind of v	USUAL OCCUPATI	ON osl of working	18b. KIND OF BUS	SINESS/INDUSTRY		
COMPLETED	8th	(1-4 0/ 5+)	inte	enance		va Powe	er & Light		
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank Harla	n Peed				ME (First, Middle, Maiden e Lee San			
10	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or Town	n, State, Zip Code)		
	20e. METHOD OF DISPOSITION 1 Seurial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State 20b. PLACE cemetery, cre Spri	and oate o	OF DISPOSITION (N	em. Gard		isbury,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 301 1	ng r		ND ADDRESS OF FA		10001,	11.0	
	Muchaiel 7 - Est			P.0.	30x 43,	Federals	burg, M	ral Home ID 21632	
	23. PART i. Enter the diseases, or complicat ahock, or heart fellure. List only	tions that caused the de one cause on each line	ath. Do n	oot antar tha mo	oda of dying, auci	h aa cardiac or raapi	ratory arreat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIOGENIC		SHO CK				Onset and Death	
Z.	DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (Disease Or Injury CAUSE (DISEAS								
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE OF	R&					
E	resulting in death) LAST	A		16 LA 700	N			į	
. 11	PART II. Other algolficant conditions contrib								
PHYSICIAN: MEDICAL		oung to death but not n	aauitiiig i	ii tiia diidariyiii	g cause given in	Part I, 24a. WAS AN PERFOR		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 YES 2	□ NO	OF DEATH?	
ž								1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL			ACE OF DEATH (Che	ick only one)			
IXSI	1 YES 2 NO 1 Winps	tient 2 - ER/Outpetient 3			ne 5 🗆 Residence	8 Other (Specify)			
BY Pt	1 Netural 5 Pending 2 Accident Investigation	DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	M 1 🗆		28d. DEŞCRIBE HOW IN	JURY OCCURED		
	3 Suicide 8 Could not be detarmined	PLACE OF INJURY — At he building, atc. (Specify)	me, farm, s	treet, factory, offic	4	28f. LOCATION (Street a City or Town, State)	nd Number or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: TO IN CORD ON THE CORD OF THE CORD								
	2 MEDICAL EXAMINER: On the 1	Deale of examination end/or i	investigatio:	n, in my opinion, c					
TO BE	Touri Theall no				29c. LICENSE NUM 29c. LICENSE NUM 3864		29d. DATE SIGNED	(Month, Day, Year)	
	130 NAME AND ADDRESS OF PERSON WHO COMPLE		A 27) (Type,	1	SALIS	Buly	M) 2	1801.	
	31. DATE FILED (Month, Day, Year) 1/1/11 1 4 99	REGISTRAR'S SIGNATURE			,				
	JAN 16 32	La Navidson-As	ndell					OHMH-18 Rev 1/89	

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal: IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTME CERTIFICAT			MENTAL	HYGIEN REG. NO.	E		00,43	
	1. DECEDENT'S NAME (First, Middle, Last) Mildred B. Payne				2. DATE O MONTH	OF DEATH		AR	4:38 A ^M	
	215-26-5129 1 M 2 🗓 F	88 YRS. MONTH	IS DAYS H	UNDER 24 HRS.	11/	F BIRTH Day, Year) 15/19	003	Dela	E (State or Foreign	
TOR	98. FACILITY NAME (If not institution, give street and number) Dorchester General Hospi RESIDENCE OF DECEDENT		Cambr	idge	EATH		9c. COUNTY Dor	ches	ster	
DIRECTOR	Maryland Dorchester		n on Location lesdal						INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	Route 1, Box 106		10f. Zi	21659	9	U.S.A.				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 YES GIVE WAR OR D	2X NO	If yes, speci	DENT OF HISPAI y Cuban, Maxica Y NO Specif	n, Puerto R		pecify Yes or No- 14. RACE — American Indian, Black, White, stc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 th College (1-4 or 5+)	160. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Homemak	ne during most (d.)	f working		18b. KIND OF BUSINESS/INDUSTRY Own Home				
BE CO	17. FATHER'S NAME (First, Middle, Last) James Brown			16. MOTHER'S NAME (First, Middle, Melden Surname) Melinda Murphy Brown						
10	19a. INFORMANT'S NAME (Type/Print) Austin E. Payne		dorad	o Roa	d, F	edera	alsbur	g, N	MD 21632	
		b. PLACE AND DATE OF D cemetary, crematory or oth OKESDURY	Cemet		1		Fede		sburg, MD	
	Muchael 7-Eskow	F	rampt 0 Bx	om-Ha 43, F	wkin eder	s-Esk alsbu	ow Fu	nera 1D 23	al Home 1632	
z	COPD	ech line.	nat the mode	or dying, add		ec or resp	matory arrest		Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death to Parapneumonic pleural HTN		undarlying (ause given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	CON OF I	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTH	26. PLAC	E OF DEATH (C/	neck only on	»)				
HYS	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Out 27. MANNER OF DEATH 280. DATE OF INJURY	26b. TIME OF	Nursing Home 28c, INJUR	5 🗆 Residence Y AT	_		INJURY OCCUP	ED		
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY		2 NO						
	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJUR building, stc. (Spe	Y — Al home, farm, streel, cify)	factory, offica		28f. LOC	ATION (Street or Town, State	and Number or)	Rural Route	Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of examination							ause(a) and	I menner sa stated.	
BE	29b. SIGNATURE AND TULE OF CERTIFIED		1					9/92	nth, Day, Year)	
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DO David G. Oliver Dorches	eath (ITEM 27) (Type, Print) Ster Genera.	l Hospi	tal	Camb	ridge	, MD	21613		
	JAN 1 6 92 32. REGISTRAR'S SIGN	NATURE SON-Randall								

1. OECEDENT'S NAME (First, Middle, Last) Elsie 4. SOCIAL SECURITY NUMBER 218-68-2677												
		May		Robi	nette		DATE OF DEATH MONTH an 30	DAY 19	YEAR 92	7:02A		
218-68-2677	6. SEX	6. AGE (In yrs. la	et birthday)	IF UNDER 1 YEA			DATE OF BIRTH (Month, Day, Year)		a. BIRTHPI Country)	LACE (State or Foreign		
9e. FACILITY NAME (If not institution, give str	1 M 2 DX	80	YRS.	MONTHS DAY	N OR LOCATION	A	pril 11	,1911		Penna		
	Frostburg Village Nursing Ho									Allegany		
10e. STATE 10b. COUNTY	-		10c CIT	V TOWN OR LO	CATION	_			- 1	lod, INSIDE CITY		
Md.	0 ,					10c. CITY, TOWN OR LOCATION Cresaptown						
Route#5 Box 32		101. ZIP CODE 21502				10g. CITIZEN			S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2 X	2 NO If yes, specify Cuban, Mexican, Pu					C ORIGIN? (Specify Yes or No— 14. RACE — Black, V Black, V Specify:				
15. OECEDENT'S EDUC	ATION	T 40 - 10	FOEDENTIO	USUAL OCCUP	TION		15b, KIND OF I	21.001.500		White		
(Specify only highest grade of Elementary/Secondary (0-12)	(Specify only highest grade completed)				most of working	าเรคพ	1fe	BUSINESS/IN	OUSTRY			
12					_							
17. FATHER'S NAME (First, Middle, Lest) Calvin C. Per	rdew					H er's name (First, Middle, Malden Surname) essie May Clingerman						
190. INFORMANT'S NAME (Type/Print) Mrs. Norma Files				ADDRESS (Str.		and, Md	Town, State, Zip Code) . 21502					
20a. METHOD OF DISPOSITION 1 G Burlel 2 Cremation 3 Remo 4 Donalion 8 Other (Specify)	other i	olece)	Cemete	cemetery, crema	tory or		LOCATION -		· · · · · · · · · · · · · · · · · · ·			
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	11.0.	U.F.		AND AODRESS	OF FACILI		LLLIIC	3 LOILE	, IId.		
* Kobert C	. ad	ame	_		erritt- 04 Deca		s Funer	al Hor	me			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAY LIG RESPIRATOR TO CAR DIO VAS CULAR DE CASE OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dauth) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PERFORMED? AMILIABLE PI												
							-			1 □ YES 3/TXNO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF CEATH (Check only one)											
1 YES 2 NO 27. MANNER OF DEATH 15 Netural 5 Pending Investigation	1 Inpatient 2 28a, DATE OF (Month, D	INJURY	28b. TIN	IE OF 28c	INJURY AT WORK?	26	Bd. DESCRIBE HO	W INJURY O	CCURED			
3 Suicide e Could not be		F INJURY — At I etc. (Specify)	home, farm,	street, factory,	office	26	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
4 Homicide determined		my knowledge,	desth occur	ed at the time,	date end place,			manner as st	arted.			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	THE RESERVE OF THE PARTY OF THE	xamination and/o	r investigation	on, in my opink	n, death occure	d at the lim	e, dete end place	, and due to	lhe cause(s)	and menner as state		
29s. CERTIFIER (Check only	R: On the basis of e	examination and/o	r investigation	on, in my opink	29c. LICEN	d at the IIm				and menner as stated (Month, Day, Year)		

ICIAN: Th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after nearly with the State Deter or Health and Merrial Hanless noise in hurial premation, or removed.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND	MENTAL HYGIEN		- 03/4/	
	1. DECEDENT'S NAME (First, Middle, Last)				BEATTI	2. DATE OF DEATH		3. TIME OF DEATH	
		ECELIA	SMITH			มลที่ในสีหy 29°			
		1 D M 2 XF 8	5 YRS. MOI	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) JANUARY 20	,1907 PI	ATHPLACE (State or Foreign Lintry) ENNSYLVANIA	
TOR	347 MEMORIAL RESIDENCE OF DECEDENT		9b		RSTOWN	EATH	9c. COUNTY OF WASI	F DEATH HINGTON	
DIRECTOR	10a. STATE 10b. COUNTY	HINGTON		SERSTO		10d. INSIDE CITY LIMITS? 1X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 347 MEMORIAL B				21740			F WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yea, spe	ENDENT OF HISPAI city Cuben, Maxica 2 NO Specif	81	14. RACE — American Indian, Black, Whita, etc. Specify: WHITE		
COMPLETED	15, DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEMA	done during mos ired.)	N It of working	16b. KIND OF BUS	HOME		
BE CON	17. FATHER'S NAME (First, Middle, Last) CHARLES HO	WARD SMI	TH		18. MOTHER'S NA	DUTMAN			
0	19a. INFORMANT'S NAME (Type/Print)	E D				Route Number, City or Town			
	SHIRLEY J. BAK	1	347 MEMO			GERSTOWN, M			
	1 X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		ST"HAVEN"			4 00	RSTOWN . V	WASHINGTON, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	_			ADDRESS OF FA	CILITY			
7	· R. hall to	A		40 EAS	ST ANTIE	TAM STREET	, HAGERS	INC. TOWN,MD.21740	
	23. PART i. Enter the diseases, pr corehock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DUESTPIAA DUE TO (OR ASA	TONY ACCONSEQUENCE OF	(DOS)	7		atDry erreet,	Approximate intervet Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. HELTE CERP INATINY FAICURE DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. CACHES COURTED TO C								
	DADT II Other classificant as a dist	1,00	1						
N: MEDICAL	PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part i. 1 YES 2 NO							No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	100		CE OF DEATH (Ch	ock only one)			
PHYSICIAN:		☐ Inpatient 2 ☐ ER/Outpat	Hent 3 DOA 4 D			6 Other (Specify)			
BY PI	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI WOR M I YE	K?	28d. DEŞCRIBE HOW IN	JURY OCCURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif)	At home, ferm, street						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowled	dge, death occurred at	the time, date a	and place, and due	to the cause(e) and menn	er as stated.	(a) and manner on stated.	
TO BE C	296. South GREATH THIS DE CERTIFIER 96. NAVE AND ADDRESS OF PERSON WHO C	FAMILY	PHYSICI	m	29c. LICENSE NUM			D (Month, Day, Year)	
	STUPHEN MET	ZNOR MO	1835	Howe	u To	- HAGEN	Tany	lui	
	JAN 3 1 1992	Juli Sanden-	_				/		

BALTIMORE, MARYLAND 21215-0020

FOR 1 STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CE	RTIFI	CATE O	F DEAT	Ή	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Edna	Pauli			nyder			2. DATE OF DEATH DO NORTH DEAT	8,1 99		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 242-10-4817 9a. FACILITY NAME (If not institution, give s	1 □ M 2 💯 F	AGE (In yrs. last t		MONTHS DAYS	HOURA	MIN.	7. DATE OF BIRTH (Month, Day, Year) July 9,19		Nor	th Carolina
DIRECTOR	Washington County				% city, tow Hag	erstov		тн	100	ASHI	NGTON
REC	10a. STATE 10b. COUNT	Y			TOWN OR LO	11302					10d. INSIDE CITY LIMITS?
۵	Maryland Wash	ington		Wi	lliams						1 💢 YES 2 🗌 NO
FUNERAL	141 N.Artizan St						101. ZIP CODE 21795				WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 XX Married 3 Widowed 4 Divorced	ER IN U.S. ARMI YES 2 1 NO OR DATES	NO If yes, specify Cuben, Maxican, Pr				ORIGIN7 (Specify Yes or No- Puerto Rican, etc.) 14. RACE Black, Specify Whit				
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECE	EDENT'S I	ISUAL OCCUPA	TION	~	166. KIND OF BU	SINESS/IND		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	USEV	retired.)	nost or working		Home			
ģ	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAME	E (First, Middle, Msiden	Sumame)		
BE		omon	Coop	er		Bes	ssie				Morris
စ္	19s. INFORMANT'S NAME (Type/Print)		190.	MAILING	ADDRESS (Street	t and Number	or Rural Ro	ute Number, City or Tow	n, State, Ziç	Code)	
-	Maurice F Snyder		1	41 1	I.Artiz	an St	. Wil	liamsport	,MD	2179	5
	20a. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Rem 4 Donation 5 Other (Specify)		206. PLACE AN SMITHSD	DDATE O	Cremat	ory Ja	an.31	DATE 20c. LO , 1992Smit	cation – hsbu:	city or To	own, Stata D 21783
	21. SIGNATURE OF FUNERAL SERVICE LIC	M~			OSBO	RNEFUN	VERAL		ont l	MD 3	170E
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, in the disease or condition resulting in death) 23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, and the mode of dying, such as cardiac or respiratory arrest, and the mode of dying, and the mode of dying arrest, and the mode									Approximate intervel Batween Onset and Dasth	
	DATE II ON THE MILE OF THE PARTY OF THE PART	0.									
: MEDICAL									WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Ž	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DE	ATH (Check	k only one)			
Sic	EXAMINER?	HOSPITAL:	Outpetient 3		OTHER:			Other (Specify)			
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye	JRY I	286. TIME INJU	OF 28c. I	NJURY AT YORK?	2	28d. DESCRIBE HOW II	NJURY OC	CURED	
	3 Suicide 6 Could not be determined	26s. PLACE OF IN. building, atc.	JURY At home (Specify)	, farm, st	reet, factory, of	lics	2	t8f. LOCATION (Street a City or Town, State)	nd Number	or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE										a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Mikuma	_			29c. LICE	NSE NUMB		29d. DATE SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH Michael M 31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF	1799		bivel/	Ro	ad	Hazen	Lun	M	0. 21740
	JAN 30 1992		SIGNATURE	And							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 may be is	THE FINERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
T.	The state of the s	۵	=

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIENE REG. NO.	:	
	1. DECEDENT'S NAME (First, Middle, Last)	S 5701	VEB	REA	KER	2. DATE OF DEATH MONTH DA	I IOO YEA	3. TIME OF DEATH
i	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
Ì	217-28-0515	1 🗆 📉 🗘 🗀 F	81 YRS.	MONTHS DAYS	HOURS MIN.	12-01-1	910 6	wv WV
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
9 R	Western Maryland Cer	nter-1500 penn. A	Ave.	Hagerst	own, MD		Washii	ngton
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
8	MD Al	llegany		Cumberla	and,			YES 2 NO
A	10e. STREET AND NUMBER		<u>I</u>	10	of. ZIP CODE			OF WHAT COUNTRY?
빌	2001 Frederick				21502		USA	A
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Tallyrorced	U.S. ARMED 2 ZIMB TES	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 XXX Specify			RACE — American Indian, Black, White, atc. Specify: white	
	15. DECEDENT'S EDU		18a. DECEDENT'S	USUAL OCCUPAT	ION	18b. KIND OF BUS	INESS/INDUSTF	TY .
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	IIIe. Do NOT us		lost of working	,		C
MP	12		reti	ired		CTO	thing :	factory
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1			Description with the con-	ME (First, Middle, Maiden	Surname)	
BE	I Saac Stonebreaker							
196. INFORMANT'S NAME (Type/Print) Mr. Ralph S. Stonebreaker, Jr. Fredericksburg, VA								,
	20e_METHOD OF DISPOSITION 1	noval from State	place of disposion of the place		emetery, cremetory or		Cumber.	or Town, State Land, MD
	21. SIGNATURE OF FUNERAL SERVICE LI		11	22. NAME	AND ADDRESS OF FA	CILITY		
	· Ones 7	Acarpl	ÚЭ	Ct	mberland	Funeral Ho , MD 21502		
	23. PART . Enter the disease, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Comces	TIFE	Hear	+ Fent	lu2	retory arreat,	Approximate Interval Between Onset and Death Wecks.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A V Tevio S Cloves is heart always.							
PHYSICIAN: MEDICAL CE						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	1			DI AGE GE BEATU (O		l	
S	EXAMINER?	HOSPITAL:	allest 2 / DOA	OTHER:	PLACE OF DEATH (C/	NU PER CAPOTONI		
H	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. Till	WE OF 28c. I	NJURY AT	28d. DEŞCRIBE HOW I	NJURY OCCURE	ED
- 1	1 Netural 5 Pending Investigation	(Month, Day, Year)	, N		VORK? YES 2 NO			
TED BY	Accident investigation 3 Suicide 6 Could not be datarmined	28a, PLACE OF INJURY		street, factory, of	lica	281. LOCATION (Street City or Town, State)		lural Route Number,
COMPLET	(Critical Orliny	SICIAN: To the best of my know						use(a) and menner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE		")		29c. LICENSE NU	IUMBER 29d. DATE SIGN		SNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Typ	e, Print)	10010		, , , =	~ / \
	31. DATE FILED (Month, Day, Year)	32 REGISTRA'S SIGN	DEURE S	1 00				
	1-26-41N2	y 1996 garant	autom-19	indeal				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the nospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTAL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Felix		Swick			2. DATE OF DEATH MONTH		YEAR 3. 1	2:40PM	
4. SOCIAL SECURITY NUMBER 236-03-4361	M 2 🗆 F	E (In yrs. lest birthday) 79 vrs.	11115-21	NYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 18	12	Country)	CE (State or Foreign	
90. FACILITY NAME (If not institution, Lions Manor Nu	rsing Home			wn on Location of D erland	EATN		legan		
RESIDENCE OF DECEDEN 10a. STATE 10b. C	ounty Allegany		ry, town on the		Ø.			I. INSIDE CITY LIMITS? XYES 2 \(\) NO	
100. STREET AND NUMBER 35 Arch Stre	eet	X		101. ZIP CODE 21502			EN OF WHAT	COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		If ye	DECENDENT OF HISPA e, specify Cuben, Mexic YES 2 NOV Speci	en, Puerto Ricen, etc.)	Yee or No—	Specify:	American Indian, hite, etc.	
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12)		Me. Do NOT L	work done duris	ng most of working		ites T		er	
17. FATHER'S NAME (First, Middle, La Phil E. S	- 7			264 (442 (442 44) 4 (44)	AME (First, Middle, Maid a F. Lewis	,		- 4	
196. INFORMANT'S NAME (Type/Print Mrs. Joyce	•			treet and Number or Rural y, WV 2671		lown, State, Zip (Code)		
20eSMETNOD OF DISPOSITION 1 Description 1 De		20b. PLACE AND OAT of cometary, cremator SUNSET N			0ATE 20c.	cumbe			
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	upel	1	Ge AND ADDRESS OF F Scarpelli Cumberland	Funeral Ho				
23. PART I. Inter the disease shock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. <u>Cardio-Di</u>	each line.	insuff of):					Approximata Interval Betwee Onset and Dea	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF): C					- 4		
that initiated events resulting in death) LAST	d.	S A CONSEQUENCE	OF):			3:			
PART II. Other significant cor	iditions contributing to deet	but not resulting	in the unde	riying cause given in	PERF	AN AUTOPSY FORMED? 2 NO	AM CO OF	RE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		QTHER:	26. PLACE OF DEATN (C					
1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pendin 2 Accident Investig		RY 26b, TI	ME OF 26	Home 5 Residence ic, INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 26d. DE\$CRIBE HO	W INJURY OCC	URED	9.3	
2 Accident Investig 3 Suicide 6 Could 4 Homicide determ	28e. PLACE OF INJU- building, etc. (5	JRY — At home, ferm. Specify)	street, factory	, office	28f. LOCATION (Stree City or Town, Str	set and Number ate)	or Rural Rout	e Number,	
Correct orny	PNYSICIAN: To the best of my kr KAMINER: On the besis of examina							nd manner ee steted.	
29b. SIGNATURE AND TITLE OF CE	1			29c, LICENSE NI D 09		29d. DATE	1/25,	onth, Day, Year) /92	
Paul Snow, M. D.				and Md 215	02				
31. DATE FLANO 2 77 199	2 governments	- Janaele							

irs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, PALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mars after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene phor to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitiled at once.
DIVISION OF VITAL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Ian	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State Dep	IMPORTANT: If item 28 is marked, or item 25

31. DATE FILED (Month Day

**92

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF H	IEALTH AND N DEATH	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Lest) Marguerite	Edwina McC	ann Shu	gart		Jan. 28	3, 1992	3. TIME OF DEATN - 11:00 AM	
	4. SOCIAL SECURITY NUMBER 213-38-1708	1 □ M 2√□ 8	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTN (Month, Day, Year) 8-28-15	902 Ma	THPLACE (State or Foreign intry)	
TOR	98. FACILITY NAME (If not institution, give a 14300 Rectory RESIDENCE OF DECEDENT	Lane Upper Marlbo				9c. COUNTY OF	nce Georges		
DIRECTOR	100. STATE 10b. COUNT Pr.		10c. CITY	Upper	Marlbo:	ro		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	14300 Rectory	Lane		10	207	72		F WNAT COUNTRY? JSA	
B≺	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X MO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Bi So	ACE — American Indian, ack, White, etc. oite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of wild). Do NOT us	vork done during me e retired.)	ON ost of working		ousiness/industry	,	
BE COM	17. FATNER'S NAME (First, Middle, Lest) Nelson McCann					ME (First, Middle, Meld E. Taylo			
10 B	190. INFORMANT'S NAME (Type/Print) Shirley S. Duv	all			m Road,	Upp 6	own, State, Zip Code) er Marlt	00r020Md2	
	20a. METHOD OF DISPOSITION 3 Guriel 2 X Cremation 3 Rem 4 Department 5 Other (S)	novat from State	other place)	ntt Crematory			20c. LOCATION — City or Town, Stata Waldorf, Md.		
	21. SOUTH OF FOREAL PERVIOUS	score 17	400857	Hunt	t Funer Box 1	al Home	dorf. M	d. 20604-015	
	23. PART I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Sudden	each line.	Death		h ea cerdiec or re	epiretory arrest,	Approximate Interval Between Onset end Deeth	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Hyperto	ensive A a consequence of	rterio	sclerot	ic Card	io		
ICAL	PART II. Other algnificent condition	ne contributing to deeth	but not reaulting	in tha underlyir	ig ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1. YES 2 \(\subseteq \) NO	HOSPITAL:	utpatient 3 DOA	OTHER:	LACE OF DEATN (Ch				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year		E OF 28c. IN	JURY AT ORK? YES 2 NO		W INJURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, ferm, oecily)	street, factory, offi	ca .	281. LOCATION (Str City or Town, St	eet and Number or Ru ate)	rai Route Number,	
COMPLETED	Check only	SICIAN: To the best of my known in the best of examina			• •			se(s) and manner sa stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE Leves WL	of run			D1716		29d. DATE SIGN	NED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W Linda Whitby	MD, 9556	Crain H	lwy, Up	per Mar	lboro,	Md. 207	72	

•

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE				DEAT		MENTA	L HYGIENI REG. NO.		. 0	0132
	1. DECEDENT'S NAME (First, Middle,	Last)	cott						2. DATE	OF DEATH		EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH	8.	BIRTHPLA Country)	ACE (Stete or Foreign
	218–48–6025	1 M 2 D F	84	YRS.						07/1907		Dela	
Œ	9e. FACILITY NAME (If not institution,						R LOCATI	ON OF DE	EATH		9c, COUNTY		Н
5	Wesleyan Healt	n Care Cent	er		D€	ento	1				Caro	line	
RE	10a. STATE 10b. C	OUNTY			Y, TOWN							104	d. INSIDE CITY LIMITS?
□		.comico		Ma	arde.		oring	_					☐ YES 2 📉 NO
RAI	10e. STREET AND NUMBER					101	ZIP CODE						T COUNTRY?
JNE	Waller Road	12. WAS DECEDEN	T EVER IN U.S. ARM	IED.	13	WAS DEC	2183		NIC ORIGI	N? (Specify Yee	US.		American Indien,
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 25 IF YES, GIVE WAR OR DATES			0		If yes, sp	ecity Cube	n, Maxice	n, Puerto	Ricen, etc.)	0 NO - 14	Black, W	hite, etc.
				EDENT'S	Heller	00110174			Lain				Black
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			e kind of	Work done se retired.)	during mo	st of working	ng	160	b. KIND OF BUS	INESS/INDUS	TRY	
AP.	0	College (1-4 of 5		Lab	orer					Farmi	ng		
ő	17. FATHER'S NAME (First, Middle, La	st)					18. MOTI	HER'S NA	ME (First,	Middle, Malden			
BE (David Henry Sc									bbard			
6	19e. INFORMANT'S NAME (Type/Print)								nber, City or Town			40000
	Marian Gunner		20b. PLACE AI					Box	295	; Harri			
	1 X Buriel 2 Cremetion 3 4 Donation 5 Other (Specify	Removat from Stata	cemetery, crem	natory or o	ther place)	Com	rne or	. 1	/30 /	92 Hous	ATION - CH	or Town,	State
	21. SIGNATURE OF FUNERAL SERVI		WITTIO	IIISV.	22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
	C. i.) n/ L	1	_						ome, Ir			10050
	23. PART i. Enter the disease	a, or compilcations the	t ceused the dee	th. Do	not enter	the mo	de of dvi	ng. auc	h aa cer	Harring	ratory arres	DE:	19952 Approximete
	ahock, or heart fai	a. Programme of the control of the c	se on each line.			-							Interval Batwaen Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEO										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO	(OR AS A CONSECU	UENCE O	F):								
PHYSICIAN: MEDICAL (PART II. Other eignificent con	ditions contributing to			In the ur	nderlylne	g ceuse (given in	Part i.	24a. WAS AN PERFORE	WED?	CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
Ξ.									_			1 [YES 2 NO
¥	25. WAS CASE REFERRED TO MEDIC					28. PL	ACE OF D	EATH (Ch	eck only o	ne)			
Sign	EXAMINER?	HOSPITAL:	ER/Outpatient 3	ODA	4 Nur		• 5 □ Re	sidence	6 🗆 Othe	er (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b, TIM	IE OF	28c. INJ WO	URY AT RK?		28d. DE	SCRIBE HOW IN	JURY OCCUP	ED	
BY	Accident Investig	ntlon			М		/ES 2 [NO					
9	3 Suicide 6 Could n 4 Homicide detarmin	building,	F tNJURY — At hom stc. (Specify)	ie, farm,	street, faci	tory, office	•			CATION (Street as or Town, State)	nd Number or	Rural Route	Number,
LEI	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the beet of	my knowledge des	th occurr	ad at the t	lime deta	and plans	and due	to the se	waster and more			
COMPLETED		AMINER: On the beals of e											d menner ea stated.
ш	296. SIGNATURE AND TITLE OF CER	TIFIER					29c. LtCE	NSE NUM	WOER		29d. DATE S	IGNED (Mo	onth, Pay, Year)
TO B			~D.				93	37	168	>	1	117	192
	J. CORWI	NMP	Po.		X 6	660	n	474	フハ	no	r 2	-16-	29
	31. DATE FILED (North, Day, 1992)	32. REGISTRA	PS SIGNATURE	undo 0	2.								

scuted within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	id completely filled in by the funeral director, page 5 should be detached for use as the purishtraneir page 1.9.9 should	cremation, or removal.	its event, the medical examiner must be notified at once.
*** **********************************	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishance marrier power 1.2.3.	e field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

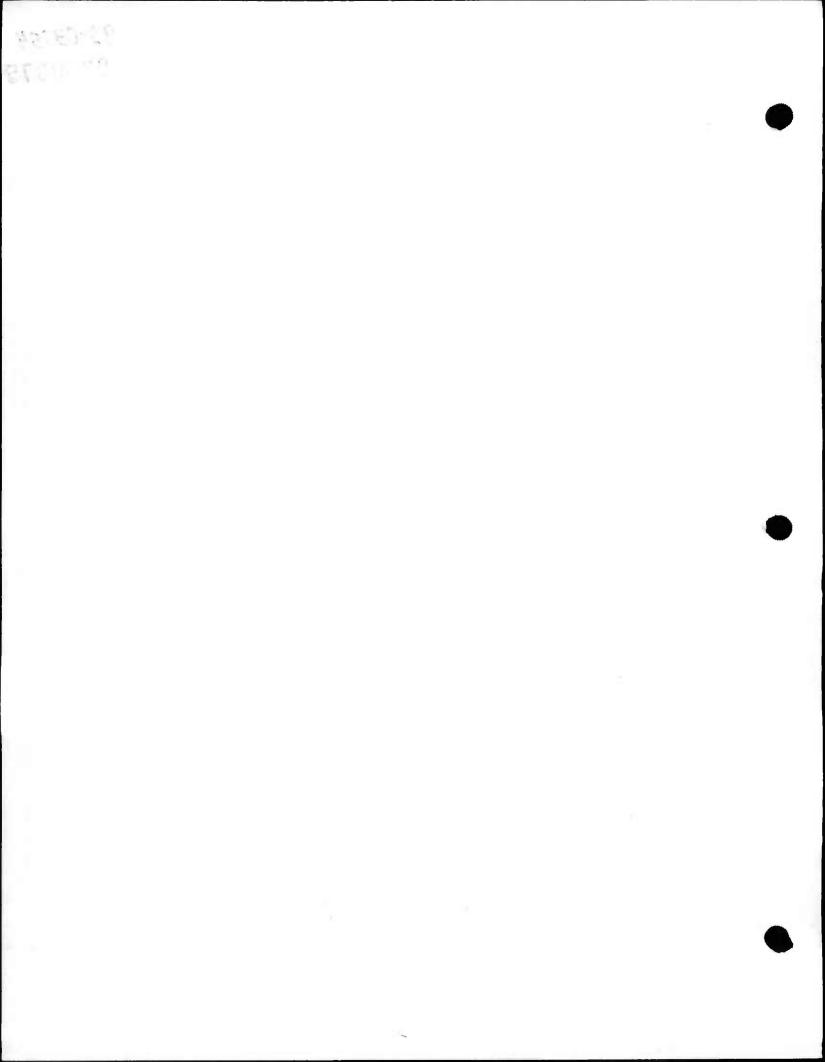
	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR	RTMENT OF H	EALTH AND	MENTAL HYGIEN	E 92	03753
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	TOATE OF	DLAIN	REG. NO.		3. TIME OF DEATH
,	CRAIG	EDWARD		STRASSE	R	0 MPNTH 15 M	1992 AR	11:00 P M
- 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	TNPLACE (State or Foreign
	220-04-0534	1 XM 2 - F	23 YRS.	MONTHS DAYS	HOURS MIN,	03/04/68		ston. MD
.	9a. FACILITY NAME (If not institution, give of				R LOCATION OF D	EATN	9c. COUNTY OF	DEATH
፬	OLD LOVE POI	LNT ROAD		STEV	ENSVIL	LE	QUEE	N ANNE
DIMECTOR	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
		oline	Gol	ldsboro				1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Ž.	Rt. 1, Box 165 -				21636		U.S.	Α.
D1 10	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13. WAS DEC II yes, spi 1 TYES	city Cuban, Maxic	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) V:	Bio	CE — American Indian, ick, Whita, atc.
								white
	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of site. Do NOT us	Work done during mo:	N at of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLE	12th grade	College (1-4 or 5+)		inishing		Flooring		
5	17. FATHER'S NAME (First, Middle, Last)		110011	inishing	18 MOTHED'S N	Floorin		
	Edward Frederick	Strasser				Louise Har		
1	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Town	Stets Zip Code	
	Edward Frederick	Strasser				Goldsboro,		636
	20g. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE	OF DISPOSITION (Ne		The second second	CATION — City or	
- 11⊢	4 Donation 5 Other (Specify)		Greenmou	nt Ceme	terv	1/19/92	Hillsho	ro. MD
1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ADDRESS OF FA	nbein Fune		171.
	1 Jesole	1 le	-gle	106 S	unset A	ve., Green	shore	e MD 21639
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition rasulting in death) Sequentially list conditions,	a.	AS A CONSEQUENCE OF	e IA	june	5		Approximeta Interval Batween Onaet and Death
	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieded evente resulting in death) LAST	c	AS A CONSEQUENCE OF					
	PART II. Other eignificant condition	a contributing to dee	oth but not resulting l	In the underlying	ceuse given in	Part I. 24a. WAS AN / PERFORI	MED?	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? XXYES 2 \(\text{NO} \) NO
	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Ch	eck only one)		
				OTHER:			PUBLI	
	EXAMINER?	HOSPITAL: 1 Inputiont 2 ER	/Outpatiant 3 DOA	4 Nursing Home	5 Residence	& Cother (Specific		e ureunav i
100	1XXes 2 □ ND 27. MANNER OF DEATH	1 - Inpetient 2 - ER	JRY 28b, TIMI		RY AT	Other (Specify) 28d. DESCRIBE NOW IN		C HIGHWAY
100	1XXVES 2 □ ND	1 Inpetient 2 I ER	JRY 28b, TIMI		RY AT	28d. DESCRIBE NOW IN		
- 10	1 X X ES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	1 Inpetient 2 Inpe	1992 11:	28c. INJU URY WOR	RY AT	DRIVER	JURY OCCURED IN AUT	O IMPACT
	1 X X ES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined	1 Inpetient 2 ER 28a. DATE OF INJU (Month, Dey, M O 1 15 28a. PLACE OF IN. building, stc.	1992 11:	E OF 28c. INJU WOR WOR 1 P 1 P YOU WOR WOR WOR WOR WOR WOR WOR WOR WOR WOR	RY AT K? ES 24 X NO	DRIVER 281. LOCATION (Street ar City or Town, State)	IN AUT	O IMPACT
	1 X X ES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	1 Inpetient 2 ER 28a. DATE OF INJ. (Month, Day, Y) 1 5 28a. PLACE OF IN. building, stc.	JRY 285. TIMI INJ INJ INJ INJ INJ INJ INJ INJ INJ IN	E OF 28c. INJURY WOF 1 TO YIE W	RY AT K? ES 2√ X NO and place, and dua	DRIVER 281. LOCATION (Street ar City or Town, State) STEVENSVI to the cause(a) and manny	JURY OCCURED IN AUT IN AUT IN AUT LLE OU her as stated.	O IMPACT BOUTE Number, EEN ANNE C
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s that the death certinicate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the and Mental Hygiene prior to burial, cremation, or removal.	one initial or other traumoths examt the medical eventines the neithflad as seen
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and come be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	IMPORTANT: H item 28 is marked or item 23 shows any injury or other traumatic as

	FOR STATE OF M.	ARYLAND / DEPAR			MENTAL HYGIEN	IE				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) SETH SMITH	CERTIF	ICATE OF	DEATH		AY YEAR	3. TIME OF DEATH			
-	4. SOCIAL SECURITY NUMBER 5. SEX 163-03-4850 1 □XM 2 □ F	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) June 23,	9 1992 8. BIRTT Count 19 05 U	HPLACE (State or Foreign ry) SA- Pa.			
CTOR	99. FACILITY NAME (If not institution, give street and number) Wesleyan Health Care RESIDENCE OF DECEDENT	Center	Camp G	round Ro Mary 1:	oad	ec. COUNTY OF C				
L DIRECTOR	Md. Caroline 100. STREET AND NUMBER		nton	L ZIP CODE		10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNERAL	4 Heritage Court			21629		US				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1.0 IF YES, GIVE WA	EVER IN U.S. ARMEO YES 2 NO R OR DATES WWII	It yes, sp	CENDENT OF HISPAN Hecity Cubsn, Mexican 3 2 NO Specify	IC ORIGIN? (Specify Year, Puarto Rican, etc.)	Blac	E — American Indian, k, White, atc. thy: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	ON sst of working	1000000	efining						
BE CO	17. FATHER'S NAME (First, Middle, Last) Seth Smith				ME (First, Middle, Melden Thomas	Surname)				
5	190. INFORMANT'S NAME (Type/Print) C. Jane Dieter		n, Maryla		20					
	20er_METNOD OF DISPOSITION 1	20b. PLACE AND DATE	OF OISPOSITION (N	erne of	DATE 20c. LO	CATION - City or To	own, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ne	22. NAME A	O O C		SERAL	a Honers			
	IMMEDIATE CAUSE (Final	that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Conset and Defended in the Conset and Defended in the Conset and Defended in the Conset and Defended in the Consequence of the Con								
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. A 2 A C M C M C M C M C M C M C M C M C M C									
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ER/Outpatient 3 🗆 DOA	OTHER:	ACE OF DEATN (Che						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, 2 Accident Investigation		E OF 28c. IN.	URY AT PRK?	28d. DESCRIBE HOW I	NJURY OCCURED				
		INJURY — At home, farm, s c. (Specify)	street, tectory, offic	•	281. LOCATION (Street of City or Town, Stete)	and Number or Rural I	Route Number,			
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TO BE (296. SIGNATURE AND TIPLE OF CERTIFIER	10		29c. LICENSE NUM	376	29d. DATE SIGNED ▶ /20	(Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR	PO BOX	496	Deut	TON 1	4/21	629			
	JAN 22 '92 Jan	dson-Randall				·····	OHMH-16 Rev 1/89			



8760, BALTIMORE, MARYLAND 21215-0020 and within 24 Tours after death. Page 6 may be retained by the benefit of manager and control of the page 100 manager.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 servauld	hin 72 hours after death with the State Dept. of Health and Memail Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR	be filed within 72 hours after death with	IMPORTANT: If item 28

	FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAI	RTMENT (F HE/	ALTH	AND	MENT	AL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF OEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y	EAR II	F UNDER	24 HRS.	7. DAT	OF BIRTN	, ,	8. BIRTH	PLACE (State or Foreign
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DIRECTOR	Washington County Hospital Hagers												ngton
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CH CH	15. OECEDENT'S EOU (Specify only highest grade	ICATION	16a.	DECEDENT'S	USUAL OCCU	PATION			16	b. KIND OF E	USINESS/IND		
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P	7			mema	ker					Own	Home		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16	. MOTI	VER'S NA	ME /First	Middle, Mald			
	Lester Teets												
BE	19e. INFORMANT'S NAME (Type/Print)			10h MAIS INC	ADDRESS (S	met and i	Nα	l le	Anr	Sav	age		
5	Chinley 1 C.1												
	Shirley J Syl	vester	1	2220	Virg	ini	a	Ave	-	lager	stown	M	D 21740
	Shirley J Sylvester 2220 Virginia Ave.: Hagerstown. MD 21740 20s. METNOD OF DISPOSITION 1 () Burlel 2 Cremellon 3 Removal trom State 4 Donation 5 Other (Specify) DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, Cremelory, Cremelory or other place) Blooming Rose Cemetery 1/27 Friends ville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CEMPEE	<u> </u>	ming	Rose	Ce	me:	tery	\coprod	27 F	riend	svi	lle. MD
	A- Simo	Jecoma			New	man	F١	inei	^al	Home	s, P.	Α.	
	23. PART I. Enter the diseases, or	complications the	t caused the	deeth Do	1155	Ma	in	St	; (rant	svill	е,	MD 21536
	snock, or issure issues.	List only one cau	iss on sach li	ns.	HOL MINST LIE	mous	or dy	ng, au-c	n sa csi	diac or rea	piratory srr	est,	Approximata Interval Between
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CERTIFICATION		đ											
4	PART ii. Other algolficant condition	ns contributing to	dasth but not	resulting	In the under	tvina cs	SUSS C	ivan in	Part I.	24a WAS A	N AUTOPSY	245	WERE AUTOPSY FINDINGS
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL												
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ĭ₹S	1 TYES 2 NO	1 Inpatient 2			4 Nursing			sidence	8 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF (Month, D		28b. TIM	E OF 28c	WORK?			28d. DE	SCRIBE NOW	INJURY OCC	URED	
B	2 Accident Investigation					YES	2 [NO					
	3 Suicide 8 Could not be	28e, PLACE O building,	F INJURY — At I etc. (Specify)	home, farm, s	street, factory,	office				CATION (Street or Town, State	t and Number	or Rural Ro	oute Number,
COMPLETED	4 Nomicide determined				_				Olly		-,		
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the lime.	data and	place	and due	to the ce	use/e) and m	sonat as elet-	4	
N	one) 2 MEDICAL EXAMINE	R: On the besia of a	camination and/o	r investigatio	on, in my opinie	on, death	occur	ed at the	time, date	and place	and due to the	coupelet	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER									ond place, i			
BE	Ideas and a	Tartic	un se			29	c. LICE	NSE NUR	ABER		29d. DATE	SIGNEO (Month, Day, Year)
2	30 NAME AND ADDRESS OF BEDGE	much 7)			1	1219	74			1-2	142
	30. NAME AND ADDRESS OF PERSON WN Harold R TR	4			(Print)	6.	14	77	1	4010	STOWN	, ,	marindo
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

24 nours after death. Page 6 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L DIRECTOR: A 2 hours after d FUNERAL I

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item 28

IMPORTANT: 11

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH James YEAR Edwin Weaver 4:45 29 AM 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 12-12-1945 1X M 2 | F 46 DAVE 215-42-2963 HOURS VRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Reeders Memorial Home DIRECTOR Boonsboro Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? (YMCA) N. Potomac St. 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, stc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify. white COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highes 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 cook 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Roy Sterling Weaver Pauline Mamie Rion BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Doloris Weaver Baker Route 1, Box 327, Gainsville, Va. 22065 20a. METHOD OF DISPOSITION
1 X Buriat 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Rest Haven Cemetery 4 Donation 5 Other (Specify) 2-1 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition___ melalaler reaulting in desth) DUE TO (OR AS A CONSEQUENCE OF); Vena CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initisted events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:

Nursing Home 5 - Residence 8 - Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) ETED 3 Sulcida 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPLE 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) D32518 1.2992 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, e edysuille, ting Lane

32. ERGISTRAR'S SIGNATURE

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92 03757 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH													
	JEROME		WESLE	EY		WHIT	AKEE	,		Tanuary 28 1992			5:19 A M	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	7	7. DATE OF BIRT	TH T	8. BIRT	HPLACE (State or Foreign	
	045-01-36	29	1 🗓 X 1 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Y		Count	MD	
	9a. FACILITY NAME (If not is	nstitution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH								
DIRECTOR	Memorial Hospital											lleg	anv	
<u> </u>	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN (R LOCAT	TION					10d. INSIDE CITY	
붑	MD	D Allegany						m,					LIMITS?	
A.	10e. STREET AND NUMBER		LCDU		. ZIP COD	E		10g, C/3	IZEN OF	WHAT COUNTRY?				
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BY F	1 Never Married 2 X	Ю	1	M yes, sp	ecify Cubi	n, Maxica Specify	n, Puarto Rican, at	to Rican, arc.) Black, White, atc. Specify:						
			i					21.01					white	
COMPLETED	(Specify onl	EDENT'S EDU y highest grade		(Gi	ive kind of	Work done	CCUPATIO	ON ast of working	ng	16b. KfND C	F BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u		J- J.							
× I	17. FATHER'S NAME (First, M	fielelle (ant)			ret.	truc	ik a				oadway	Expr	ess	
			ard Whit	alson				18. MOT		ME (First, Middle, M	,			
H			ard White							Mae Blo				
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Kathleen Ellen Whitaker 14706 Wood Street Cresaptown, MD 21502													
	24. METHOO OF DISPOSIT	ION	TTELL WILL	20b. PLACE A					c Cre			_		
	1 ♣ Burtal 2 ☐ Crematic	n 3 🗆 Rame	oval from Stafa	cemetery, crei	matory or o	ther place)	al E	me or				City or Town, Stata		
	4 Donation 5 Other (Specify) Sunset Memorial Park 1-30 Cumberland, MD 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY													
) (Ja		7.10	. 11					meral H	ome				
	fun	10	XIU	riper	1/6		Cample	arla	has	MD 2150	2			
	23. PART VEnter the d shock, or h	eart feilure.	complications that List only one cau	it caused/the de- use on each line.	eth. Doi	not enter	the mo	de of dyl	ing, suct	n es cardlec or	reepiratory ar	rest,	Approximeta Interval Batween	
	IMMEDIATE CAUSE (Fir	nel											Onset and Death	
	resulting in death) e. (Valenciascinos of gall bladder) OUE TO (OR AS A CONSEQUENCE OF):													
_	OUE TO (OR AS A CONSEQUENCE OF):													
ĕ ∥	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseases or Injury b.													
₹ I	If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	that initiated events													
EH	resulting in death) LAST													
	PART II. Other significe	nt condition	e contributing to	doub but not a		- 44								
MEDICAL	- 31		- continuoting to	death but not re	euiting	in the un	aeriying	g ceuse g	given in i	Part I. 24a. W	REFORMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
					-					1 🗆 Y	ES 2 NO		OF DEATH?	
													1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL												
S	EXAMINER?		HOSPITAL:	Town	S	OTHER	l:			ck only one)				
Ĭ	27. MANNEB-OF DEATH		1 M Inpatient 2 28a. DATE OF		28b. TIM		ing Home		sidence	8 Other (Specify				
7		Pending	(Month, D			URY M	WO		NO.	28d. OEŞCRIBE H	IOW INJURY OC	CUHED		
BY	2 Culate	Investigation Could not be	28a. PLACE O	F INJURY — At hor	ne, farm, a	treef, facti			1.00	28f. LOCATION (S	Tract and Number	or Pumi 6	Pourte Alumbas	
Ĕ		detarmined	building,	etc. (Specify)					- 1	City or Town,	State)	Or Fibrer F	oute Nutrices,	
COMPLETED	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the beat of	my knowledge des	th assum	al an ab a st								
ğ	(Check only one) 2 MEDI	CAL EXAMINE	R: On the beals of as	camination and/or in	mn occum	n in my o	me, data alpino di	and place,	and due	fo the ceuse(a) and	d manner as stat	ted.) and manner as stated.	
	The state of the s	-					, di							
B.	29c. LICENSE NUMBER D 16035 D 29d. DATE SIGNED (Month, Day, Year)													
유 🖡	0. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	SE OF DEATH ATEM	27) /Time	Print)			100	,33		-2	8.47	
İ	Memorial Ho						emor	121	Avor	ille Crim	harland	1 M	21502	
-	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE		. 5 5 17		- 141	** A C I	.ac, cull	PETTAIL	, I'II	, 41304	
1	JAN 2 9	1992	goria Lavin	loon-Rande	82									
	2.111		G .											

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygeine prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at nace.

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	MONTH DAY YEAR									3. TIME OF OEATH					
	4. SOCIAL SECURITY NUMBER		ORVI		L	WOL			1/24/92			6:50 a M			
		- 1	5. SEX	6. AGE (In yrs. las		MONTHS DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Country	PLACE (State or Foreign			
	213-12-9723 90. FACILITY NAME (If not institut		1 💢 🗘 2 🗆 F	70	YRS.				09-01-1			MD			
æ						9b. CITY, TOW				9c. COU	NTY OF D	EATH			
FUNERAL DIRECTOR	Memorial Hospital					Cumberland					Alle	gany			
H I	10a. STATE 10b. COUNTY					, TOWN OR LO	CATION					10d. INSIDE CITY			
ō	MD	Alle	egany		Li	aVale.						LIMITS?			
₹.	10e. STREET AND NUMBER			10f. ZIP COD			10g. CIT	IZEN OF W	THAT COUNTRY?						
Ä	Route 1 Box						215			ISA					
	11. MARITAL STATUS 1 Never Married 2 Rarried 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TAYES 2					13. WAS D	ECENDENT C	OF HISPAN	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	14. RACE Black	- American Indian, White, atc.				
B	3 Widowed 4 Divorced		IF YES, GIVE W	ARTOR DATES			ES 2 XX	Specify			Specif				
0	15. DECEDEN	NT'S EDUCA	MW TION	16a, DE	CEDENT'S	USUAL OCCUPA	TION		18b, KIND OF BU	SINESS/INC	DUSTRY	white			
COMPLETED	(Specify only high Elementary/Secondary (0-12)		College (1-4 or 5		ve kind of w Do NOT us	rork done during e retired.)	most of working	ng							
MP.	12				offic	e mang	er		IA	Const	ruct	ion			
8	17. FATHER'S NAME (First, Middle,	, Last)						HER'S NAI	ME (First, Middle, Maider						
BE	Charles I		1z					Susi	e Ann Per	dew					
2	19a. INFORMANT'S NAME (Type/P								loute Number, City or Tox		Code)				
	Mrs. Kathle	en M.	Wolz					LaVa	ale, MD 21						
	20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spec	3 🗆 Remov	ral from State	cemetery, crer	natory or oth	F DISPOSITION (CATION —	City or To	wn, State			
H	21. SIGNATURE OF FUNERAL SEI		NSEE	I SS Pe	ter .	Paul Ce	AND ADDRE			<u>Cumbe</u>	rland	d, MD			
1	D ()) a	10	~///					neral Hom	P					
	Jones -	71	reces	PUL	1	Char	nharl-	5ac	MD 21502						
	23. PART . Enter the disees shock, or heart	feliure. Li	et Dniy Dne cau	caused the decise on each line.	eth. Do n	ot enter the n	node of dy	ing, such	ae cardiac or reep	iratory an	rest,	Approximate intervei Batween			
	disease or condition resulting in death) a														
_	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditione, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):														
S	Cause. Enter UNDERLYING CAUSE (Disease or injury														
별	CAUSE (Disease Dr Injury thet initiated events resulting in death) LAST														
#	d														
	PART II. Other eignificent cr	onditione	contributing to	deeth but not re	euiting in	the underly	ng ceuse (given in I	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS			
MEDICAL									PERFO	. 1		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Ä									_	110		DF DEATH? 1 YES 2 NO			
									_						
PHYSICIAN	25. WAS CASE REFERRED TO ME EXAMINER?	-	HOSPITAL:				PLACE OF D	EATH (Che	ck only one)						
YSI	1 TES 2 NO			ER/Outpatient 3		OTHER: 4 - Nursing Ho	me 5 🗆 Re	sidence t	Other (Specify)						
	~	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)													
■ III	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO														
B	2 Accident Invest		28a DI ACE O	E IN HIEV ALL	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										
THE STATE OF THE S	2 Accident Invest 3 Suicide 6 Could	ntigation	28e. PLACE Of building,	F INJURY — At honetc. (Specify)	ne, farm, st	reet, factory, of	lice		26f. LOCATION (Street City or Town, State)	and Number	or Rural Ro	oute Number,			
THE STATE OF THE S	2 Accident Invest 3 Suicide 6 Could 4 Homicide determ	d not be	building,	etc. (Specify)					City or Town, State			oute Number,			
THE STATE OF THE S	2 Accident 3 Suicide 6 Could 4 Homicide 6 Certifyin 29a. CERTIFIER (Check only	d not be mined	AN: To the best of	etc. (Specify) my knowledge, dea	th occurred	f at the time, da	ta end place,		City or Town, State,	nner ee stat	ed.				
COMPLETED	2 Accident 3 Suicide 4 Homicide 6 Coulc dater 29a. CERTIFIER (Check only one) 2 MEDICAL	d not be mined NG PHYSICIA EXAMINER:	AN: To the best of	etc. (Specify) my knowledge, dea	th occurred	f at the time, da	ta end ptace,	ed at the t	City or Town, State, to the cause(s) and me time, data and place, ar	nner ee stet	ed.	and menner as stated.			
BE COMPLETED	2 Accident 3 Suicide 6 Could 4 Homicide 6 Certifyin 29a. CERTIFIER (Check only	d not be mined NG PHYSICIA EXAMINER:	AN: To the best of	etc. (Specify) my knowledge, dea	th occurred	f at the time, da	ta end ptace,		City or Town, State, to the cause(s) and me time, data and place, ar	nner ee stet	ed.				
COMPLETED	2 Accident 3 Suicide 4 Homicide 6 Could dater 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE Of Certifier 20 MEDICAL	d not be mined NG PHYSICI.	AN: To the best of On the bests of ax	my knowledge, dea ramination and/or in	th occurred	of at the time, da	ta end ptace,	ed at the t	City or Town, State, to the cause(s) and me time, data and place, ar	nner ee stet	ed.	and menner as stated.			
BE COMPLETED	2 Accident 3 Suicide 6 Could 4 Homicide 6 Centifyin 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE 0	d not be mined NG PHYSICIA EXAMINER:	AN: To the best of On the besis of ax	my knowledge, dear aminetion and/or in	th occurred eventigation 27) (Type, I	of at the time, de	de end place, death occur 29c. LICE	NSE NUMI	City or Town, State, to the cause(s) and me ime, data and place, and BER	nner ee stet	ed.	and menner as stated.			
TO BE COMPLETED	2 Accident 3 Suicide 4 Homicide 6 Could dater 29a. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURE AND TITLE Of Certifier 20 MEDICAL	examiner:	AN: To the best of on the bests of ax COMPLETED CAUS	my knowledge, dealeminetion and/or in	27) (Type, I	of at the time, de	de end place, death occur 29c. LICE	NSE NUMI	City or Town, State, to the cause(s) and me ime, data and place, and BER	nner ee stet	ed.	and menner as stated.			

ospital or attending physician.	ched for use as the burial-transit nermit Pages 1 2 2 should	and the second course beautiful ages 1, 2, 3 Should	6
O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the furnishment nermin person 1 2 2 annual	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day 16

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	FOR	STATE OF M	TADVI AND	/ DEDAE	TMEN	IT OF L	IPAITU	AND	MENTAL HYGIEN		4	03759	
	1 - STATE REGISTRAR	SIMIL OF IT	C	ERTIF	ICAT	E OF	DEA	ГН	MENIAL HYGIET REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)	OTHOM. I	ITLLC							DAY	YEAR	3. TIME OF DEATH	
	CLARA L	5. SEX	6. AGE (In yrs. In	at blotholms	# 1810	ER 1 YEAR	IF UNDER		7. DATE OF BIRTH	8- 19		12·27 P M	
	218-30-4719	1 M 2 V F	83	YRS.	MONTHS		HOUMS	MIN.	(Month, Day, Year)	00	Countr	IPLACE (State or Foreign	
	So. FACILITY NAME (If not institution, give str				9b. CIT	Y, TOWN (PR LOCATI	ON OF DI	6-14-19	_	INTY OF D	yland	
TOR	FORT WASHINGTON	MEDICAL	CENTER						ON RD		PG		
DIRECTOR	10a. STATE 10b. COUNTY	PG				OR LOCAT						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	G		1 1	NDLA	IN HE	AD ZIP COD			1		1 X YES 2 NO	
ER/	35 JONQUIL PLAC			10,				10g. CIT		YHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13	. WAS DEC	_206		IIC ORIGIN? (Specify Ve			- American Indian	
B⊀	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexicen, Puerto Rican, stc.) 1 YES 2 NO Specify: White								
8	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION omoleted)	18e. Di	ECEDENT'S	USUAL	OCCUPATIO	ON .		16b. KIND OF BU	ISINESS/IND		100	
COMPLETED	Elementary/Secondary (0-12) 12 grades -	College (1-4 or 5 +) .	sive kind of us be NOT us . Me K			St OF WORLD	g	Dept. of Navy (NOS) U. S. Gov't				
Ö	17. FATHER'S NAME (First, Middle, Last)						16, MOTI	IER'S NA	ME (First, Middle, Maiden				
BE	Andrew Clarence 190. INFORMANT'S NAME (Type/Print)	Latha			10000		Jar	ne C	Celest Mattingly rel Route Number, City or Town, State, Zip Code)				
2	Charles Wills		,	32 E	lde	er P	lace	or Rural I	ndian He	ad,	Md.	20640	
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)		20b.PLACE cemetery, cri	AND DATE OF OR OR OR OR OR	ther place	SITION (Na	_{me of}	el F	DATE 20c. LC	Char		Pt., Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE		//		22	NAME AN	D ADDRE	SS OF FA	HUNT's				
	Benjamin Ma	Atthews	M006	5.8		2102	010	LIAC					
	23. PART I. Enter the diseases, or co	mplications that	csused the de	eth. Do r	ot ente	r the mo	de of dvi	na. suci	h as cerdled or reso	ratory an	_UUKI	, MD 20601	
	Interval Betwee											Interval Between Onset and Death	
		Cardiac	Arrest									Onset and Desth	
	a.		OR AS A CONSE		7):								
Z	Sequentially list conditions, b.	Sepsis											
N.	if any, leeding to immediate		OR AS A CONSE										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Acute T	hrombor or as a conse	ohleb OUENCE OF	itis	wit	h Ce	llul	itis				
	PART II. Other significent conditions	contributing to	leath hut not	enculting I	n the re								
PHYSICIAN: MEDICAL	Uremia, Dehydrat				n the u	nderrying	ceuse g	iven in	Pert I. 24a. WAS AN PERFORM 1 TYES 2	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
Z.									-			1 YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DI	ATH (Chi	ick only one)				
YSIC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		5 🗆 Re	sidence	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day		28b. TIMI INJ	OF	28c. INJL WOI	JRY AT			DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, a	INJURY — At ho tc. (Specify)	me, ferm, a	treet, fac				281. LOCATION (Street of City or Town, State)	and Number	or Rural Ro	oute Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	AN: To the beet of n	ny knowledge, de	ath occurre	d at the	time, date	end place,	end due	to the cause(e) end mar	nner ee state	ed.		
8	2 MEDICAL EXAMINER:		mination end/or	Investigation	n, In my	opinion, de	eth occur	d at the	time, date end place, en	d due to th	e ceuse(a)	end manner ee stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIER		V	1	110		29c. LICE	NSE NUM	BER	29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	mud	Men	2-1	M	/	DO	17	38,1	1-	24	1-92	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 (Typo, Print)

Richard McConnaughy M.D. 11418 Livingston Rd. Fort Washington, MD 20744

32. REGISTRAN'S PIGUATURE FUNDAME.

notified at

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examiner

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	DIVISION OF VITAL RECORDS, P.O.	CD	F 5	
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N	1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygis	
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600000000000000000000000000000000000000	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	AL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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MPORTANT

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92 03760 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 0 9 DAY MONTH 19499 JOHN D. ANDERSON 10:00 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS ountry) 218-03-3389 1 🕅 M 2 🗌 F MD YRS. ea. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2013 HARLEM AVE DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MD BAI TIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2013 HARLEM AVE 21217 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 (X) YES 2 NO IF YES, GIVE WAR OR DATES 1943 TO 1945 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married It yes, specify Cuban, Maxican, Puarto Ricen, etc.) 1 TES 2 NO BY 3 Widowed 4 Divorced BLACK 9 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest COMPLET Elementery/Secondary (0-12) 12th College (1-4 or 5+) GENERAL MOTORS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH S. ANDERSON BE ELIZABETH V. JACKSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CORDELIA A. JONES 2013 HARLEM AVE. BALTO. MD 21217 204. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION --- City or Town, State 1 Donation 5 Other (Specify) GARRISON"POREST"VETERAN CEMETERY 2-18-92 OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE. BALTO. MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Intarval Between Onset and Death disease or condition resulting in death) tenosi 1-ers 12 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? TES 2 NO DE DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Department 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 📈 Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending M 1 YES 2 NO BY investigation Accident 3 Sulcide 28a. PLACE OF INJURY — At home, term, etreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined † CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. MEGICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

111 N. PENN ST. BALTIMORE, MARYLAND 21201

D.C.M.E

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

993 Fina Davidson



29d. DATE SIGNED (Month, Day, ▶02 -09-1992 92 13780

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96. CITY, TOWN OR LOCATION OF DEATH

Baltimore City

Maryland 9c. COUNTY OF DEATH

217-24-1728

TOR

9a. FACILITY NAME (If not institution, give street and number)

Good samaritan Hospital

7. DATE OF BIRTH

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after feath. Page 6 may be set DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIREC	10a. STATE	10b. COUN				OWN OR LOCA					10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	l Bal	timore County	<u>'</u>	Mid	dle Rive					1 TYES 2 NO
FUNERAL						10	1. ZIP CODE		1	log. CITIZI	EN OF WHAT COUNTRY?
¥ l	116 W. Kings	ton Par					21220			Unite	ed States
	1 Never Married 2 X	Married	12. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR	YES 2	ARMED NO	13. WAS DEC	CENDENT OF HISPAI ecity Cuban, Maxica	IIC ORIGIN? ((Specify Yaa or	No- 1	4. RACE — American Indian, Black, White, atc.
5	3 Widowed 4 Div	orced	IF YES, GIVE WAR	OR DATES			2 X NO Specif		,,		Specify:
3	15. DE	CEDENT'S EDI	1	160 (DECEDENT'S USU	AL OCCUPATION	ON	T			White
-	(Specify or Elementary/Secondary	ly highest grad	e completed)		(Give kind of work life. Do NOT use ret	done during mo	ost of working	16b. K	IND OF BUSIN	ESS/INDU	STRY
3	Extinental y/Secondary	0-12)	College (1-4 or 5+) 5+		Physi						
COMPLETED	17. FATHER'S NAME (First, I	Aiddle: Last)	01		111931	Clair					
Č L	Albert Gill		V				16. MOTHER'S NA			mame)	
П	19a. INFORMANT'S NAME		<u> </u>					aline W			
2	Alma J. Bra						and Number or Rural i				
	20a. METHOO OF DISPOSIT						ton park La	ine Ba	7		
	1 X Buriel 2 - Cremeti	on 3 🗆 Ran	novel from State	cemetery, c	E AND DATE OF OIl	vlace)		DATE			ty or Town, Steta
	4 Donatton 5 Othe		CENSEE	Morela	and Memor	ial Pari	k Cem. 2/14	1/92	Balt	imore	, Md.
	744	L GENTICE E	CENSEC			22. NAME AN	and J. Ruck	Inc			
	Man	KI	· Laur	120		5305	Harford F	d Rali	timore	МН	2121/
	23. PART I. Enter the c	liseeses, or	complications that co	bused the d	deeth. Do not e	inter the mo	de of dying, auc	ae cerdie	c or respirat	OFV STEEL	it, Approximate
	ehock, or h	iooit ioliute.	List only Dne ceuse	on each lin	ne.		1			ory orrec	Interval Betwee
	diseese Dr condition		Can	dino	. 0	1100	1				Onnet and Dear
ı	resulting in deeth)		DUE TO (OR	AS A CONS	EOUENCE OF)	10002	/				dnu
		_	Mystario	120	4	Das.	Tio.				due
5	Sequentially list condit if any, leading to imme		DUE TO (OR	AS A CONSI	EQUENCE OF).	Ter C	con				aug
3	cause. Enter UNDERLY	ING	Rocting	CI	20001						Mon HA
	CAUSE (Disease or injuted that initiated evente	IN	DUE TO (OR	AS A CONSI	EOUENCE OF):						Tionen
HILICATION	resulting in death) LAS	T	d								
5	BART II On		v								
EDICAL	PART II. Other significa	ent condition	ns contributing to dea	ith but not	reaulting in th	e underlying	ceuee given in	Part I. 24	PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5								_ 1	YES 2		COMPLETION OF CAUSE
E											OF DEATH?
								_			10,110
	25. WAS CASE REFERRED T	O MEDICAL				26. PL	ACE OF DEATH (Che	ck only one)	-		
rn i siciaiv.	1 TES 2 NO		HOSPITAL:	/Outpatient		HER:	e 5 🗆 Raaldenca	B (1) Other /S	necifid		
	27. MANNER OF DEATH		28a. DATE OF INJI (Month, Day, Y	JRY	28b. TIME OF	28c. INJU	URY AT		IBE HOW INJU	RY OCCU	RED
		Pending Investigation	(Month, Day, R	ear)	YRULNI	M 1 V	RK? 'ES 2 NO				
	2 Codelds —	Could not be	26a. PLACE OF IN.	JURY — At h	ome, term, street	tactory, offica		261, LOCATIO	ON (Street and i	Number or	Rural Route Number,
		datermined	building, atc.	(эреслу)				City or T	own, State)	_	
	29a. CERTIFIER	TEVINO DUVO	ICIANI, To the first of							-	
	(Check only one) 2 MED	CAL EXAMINE	CIAN: To the best of my	knowledge, d	leath occurred at	the time, data	and place, and due	to the cause(a) and manner	se stated.	
COMPLE			1	nation and/or	investigation, in	my opinion, de	eath occured at the	ime, data and	d place, and du	sa to tha c	cause(a) and manner as stated.
4	296. SIGNATURE AND TITLE	QF CERTIFIE	hung	MA	0		29c. LICENSE NUM	BER	/ 29	d. DATE S	IGNED (Month, Day, Year)
	WW	4/	10-1	111			1) 41	56	0	0	1/0/92
	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUSE O	F DEATH (ITE	EM 27) (Type, Print)		1				1 0
	WITT		1+55×		400	DSM	+MHR.	FT.	AN		MOST.
	31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE	4						
N.		con 1	2 1002	1.1. 1	31 . 1	2.00					
		R to L	2 1447	1 62 1 A A B	数为基金的 一位	11 P. Marie					

Albert B. Bradley BERT

5. SEX

1 X M 2 - F

6. AGE (in yrs. lest birthdey)
64 YRS.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

precuted within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	ian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 short burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

92 03762 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 2 - 08 - 92 YEAR Evelyn Bostick 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 8 - 27-1897 94 DAYS 1 - M 2 XF 219-16-6427 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Cromwell Nursing Home (Meridiah) Baltimore, Md. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Baltimore, Md. City 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, etc.) t4. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4yrs. Baltimore City Public Schools 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jones Noah W. Martha Jones BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Forrest H. Williams 8809 WOLVERTON RD/BALTIMORE, MD 21234 20e. METNOD OF DISPOSITION

1 M Buriel 2 Cremetton 3 Removel from State
4 Donestion 5 Other County 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE "MACEDUNIA" METHODIST CHURCH Donation 5 - Other (Specify) -SOMERSET COUNTY, MD 21. SIGNATURE OF FUNEFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 9-1 March F/H 1101 E. North Wm.C. Ave 23. PART I. Enter the Diseases, or complications the coursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or least fellure. List only one cause on each line.

IMMEDIATE CAUSE (Final Approximate Interval Between Onset and Death disease or condition Interiorclaratic Covariany artery disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? 1 ☐ YES 2 ☐ NO t - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Name 5 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 - Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Nomicide 29a. CERTIFIER (Check only one) 1 🖒 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 🗀 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the creation of the cause (a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

D21002

21234

Kenselester

Inha Davidson-Handale

8604 Horford and

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Money

31. DATE FILED (Month, Day, Year)

1

C.

M. C. KOWALDWIG

2 1992



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		FOR
1	_	STATE
B		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - REGISTRAR		CERTI	FICATE OF	DEATH	D MENI	REG. NO			
3	1. DECEDENT'S NAME (First, Middle Last) ROY L. B.CNI	wett				2. DAT	E OF DEATH	AY S	YEAR 3	TIME OF DEATH
	104-34-6947	X M 2 F	GE (In yrs. lest birthdey 47 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HP	N. (Moi	E OF BIRTH oth, Day, Year)	1944	Country)	ACE (State or Foreign YOT)
DIRECTOR	90. FACILITY NAME (If not institution, give street Liberty Medical RESIDENCE OF DECEMENT			Balti:		F DEATH			TY OF DEA	
딥	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c C	ITY, TOWN OR LOCA						
E	Maryland			altimor						Dd. INSIDE CITY LIMITS?
4	10e. STREET AND NUMBER		<u></u>		. ZIP CODE			I too CITIZ		X YES 2 NO
EH	4718 Wilern Aver	nue			21215	5			USA	a, cooking
BY FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	If yes, sp	ENDENT OF HIS	SPANIC ORIG	IN? (Specify Yes	s or No-	14. RACE — Black, V	- American Indian, White, etc.
	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATI								Specify:	Black
COMPLETED	(Specify only highest grade com	College (1-4 or 5+)	(Give kind o	S USUAL OCCUPATE f work done during mo use retired.)	on st of working	16	b. KIND OF BU	SINESS/INDL	JSTRY	
N N	TT EATHERN MANE CO		Tract	or Trai				anst	ar	
	17. FATHER'S NAME (First, Middle, Last)						Middle, Malden			
BE	Alexander Benne	ett					e Wyc			
2				G ADDRESS (Street o						
	Rosa Bennett			Wilern			imore			215
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	20b. PLACE AND DATI	other place)		1	TE 20c. LO		,	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	Arbutus	Memoria 22. NAME AN	AL Par	K 4	LO Ba	lltim	ore	Co MD
	I Vernon R	Bau	len	2501 Balt	Gwynn imore,	s Fa	utter lls P	Fune arkwa	eral	Homes In
	23. PART i. Enter the diseases, or com	plications that cau	sed the deeth. Do	not enter the mo	de of dying, a	uch as car	dlec or reepl	ratory arre	at.	Approximate
	ehock, or heart feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) a	U.e.	utficularis A CONSEQUENCE	is tad	rycard	la				interval Between Onset and Daati
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	pathy	opall	5				
MEDICAL (PART II. Other eignificant conditions co	ontributing to deet	but not resulting	in the underlying	cause given	in Part i.	24a. WAS AN PERFOR	MED?	AM CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 M6
ž										
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH	(Check only o	ne)			
PHYSICIAN:	1 YES 2 NO 1	Inpatient 2 ER/O	Autpatient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Resident	ce a Oth	or (Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR (Month, Day, Year		JURY WO		28d. DE	SCRIBE HOW II	NJURY OCCU	IREO	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, atc. (S	IRY — At home, farm, pecify)	street, factory, office		2at. LOC	CATION (Street a or Town, State)	and Number of	r Rural Route	e Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: OI	: To the best of my kn	owiedge, death occur	red at the time, date on, in my opinion, de	end place, end o	fue to the ca	use(s) end man	ner ea atatec	f.	d menner en steted
	29b. SIGNATURE AND TITLE OF CERTIFIER	Λ			29c. LICENSE N					
4	Deronce of. Na	lms			Da12	DO 3		29d. DATE	SIGNED	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	OEATH (NTEM 27) (Type	s, Print)	0 4	1	RA	L	141	
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATIONE -	12 100 y	ict U	us	Det	That	Md.	206
	FED	2 1992	Julia Davis	son-handel	2					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT ERTIFICATE	OF HEALTH AND	MENTAL HYGIEN		02191
	1. DECEDENT'S NAME (First, Middle, Leet) Bernard Carl Bohager,			2. DATE OF DEATN	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-14-3183 5. SEX 1	YRS. F UNDER	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Oct. 28,	8. Bil	RTNPLACE (State or Foreign unity) Maryland
NO.	9a. FACILITY NAME (If not institution, give street and number) 204 E. Seminary Avenue		TOWN OR LOCATION OF D		9c. COUNTY O	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY, TOWN O			Daren	10d. INSIDE CITY
DIR.	Maryland Baltimore Co.		Timonium			1 YES 2 NO
ERAI	10a. STREET AND NUMBER 204 E. Seminary Avenue		101. ZIP CODE 21093		11.5	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES	MED 13, W	AS DECENDENT OF HISPA yes, specify Cuban, Maxic YES 2 X NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14. R. B	ACE — American Indian, lack, White, etc.
COMPLETED	(Specify only highest grade completed) (GA Elementary/Secondary (0-12) College (1-4 or 5 +)	CEDENT'S USUAL OC ve kind of work done of Do NOT use retired.)	uring most of working	100 300 100 200	SINESS/INDUSTR	
00	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden	Surname)	
BE	Samuel Bohager	MAII ING ADDRESS	(Street and Number or Rural	ary	Weber	
5	Danner C Delegran		ford Road,			
	20p, METHOD OF DISPOSITION 20b. PLACE A	NO DATE OF DISPOSI		DATE 20c. LC	CATION City of	Town State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Martin D. Lawson Matter Agreement	22. N	AME AND ADDRESS OF FA	hell-Wiede	feld, In	
	23. PART I. Enter the disease, of compilections that caused the despect, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or AS A CONSECUENCE CON	tatic	the mode of dying, suc	ch as cardiac or reap	iratory arreat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSECTION OF TO (OR AS A					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to deeth but not re	eaulting in the unc	ieriying ceuae given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER	26. PLACE OF DEATH (CH	neck only one)		
14SI	1 ☐ YES 2 0 NO 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 (27. MANNER OF DEATN 28a, DATE OF INJURY	DOA 4 Nursi	ng Home 5 K Residence			
BY P	1 Natural 5 Pending (Month, Day, Year)	INJURY M	WORK?	28d. DESCRIBE NOW I	NJURY OCCURED	
U	2 Accident investigation 3 Suicide a Could not be detarmined 28a. PLACE OF INJURY — Al horr building, etc. (Specify)	na, lerm, street, facto	ry, offica	281. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 (**CERTIFYING PNYSICIAN: To the best of my knowledge, deal one) 2 (**MEDICAL EXAMINER: On the basis of examination and/or in					e(a) end menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER (CICLOTTE)		29c. LICENSE NU	MBER 55-46	≥ZZZ	PED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM Charles Padgett W), 5601 Local	Raven 1	3lvd., Bal	timore, A	515 (D	39
	FEB 1 2 1992	M.				



BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing by after death. Page 6 may be retained by the host	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely inited in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, oremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Juns a	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, oremation, or removal.	medic
U	hiri	tely 1m	t, the
46,	ted with	comple	even
3	execut	n and of	ımatic
BOX	cate be	physicia e prior	er trat
0	certifi	Hygien	r oth
ď.	e death	Wental	uny, c
RDS	that th	thand I	ny in
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	sanires	n signe	NOWS 2
_ 	law re	as bee	23 st
ITA	N: The	State	Item
<u>Т</u>	SICIA	certif	d, 0r
O	NG PH	fter this sath wit	marke
<u>S</u>	TENDI	DR: A	80
Ë E	OR AT	OURS 3	lem 2
	TAL	RAL I	1 1 1
7	E HOS	E FUNE	RTAN
)	TO THE	Pe fier	IMPO

	FOR	STATE OF M	ADVI AND / D	CDADTIACN	T OF UPAITU A	ND BACKITAL LIVE		2 03/65
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	SIAIE UF MI			E OF DEATH	2. DATE OF DEA	. NO.	3. TIME OF DEATH
	Erma E	. Bro	wn			ATHOM SO		792 6:45 AM
	4. SOCIAL SECURITY NUMBER 289-05-8165	5. SEX 1 M 2 F	78	YRS. IF UNDE	DAYS HOURS A	HRS. 7. DATE OF BIRT (Month, Day, W		S. BIRTHPLACE (State or Foreign Country) VEWAYGO, MIC
TOR	94. FACILITY NAME (If not Institution, give s SYKESYILLE RESIDENCE OF DECEDENT	treet and number) Elderca	re Cent		TOWN OR LOCATION	OF DEATH	9c. COUNT	acrol)
DIRECTOR	10a. STATE 10b. COUNTY	TIMOR	£ co.	10c. CITY, TOWN	OR LOCATION SELAN	D		10d. INSIDE CITY LIMITS?
FUNERAL	1622 WALK	ER A	ROAD		101. ZIP CODE	53	10g. CITIZE	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO	ED 13.		IISPANIC ORIGIN? (Speci Mexican, Puerto Rican, et Specify:		4. RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give	DENT'S USUAL (kind of work done NOT use retired.)	during most of working	16b. KIND 0	F BUSINESS/INDU	STRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) JAMES D.	DEMPS	SEY	00122	18. MOTHER	A'S NAME (First, Middle, M	laiden Surname)	OWE
TO E	19a, INFORMANT'S NAME (Type/Print)	CORDS	19b. A	SAME	S (Street and Number or	ABOVE	or Town, State, Zip C	Code)
ı	20a. METHOD OF DISPOSITION 1	ovat from Stata	20b. PLACE OF other place	AINE	PARK C	ton.	BALTO	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	J. G	Pair	22	NAME AND ADDRESS	OF FACILITY CHAPEL	of C	HIMES
	23. PARY I. Enter the diseases or on shock, or heart failure. IMMEDIATE CAUSE (Finel	complications that List only one caus	ceused the dest e on each line.	h. Do not ente	r the mode of dying	, auch as cardlec or	reapiratory arre	Approximate Interval Batween Onset and Death
	disease or condition resulting in death)	DUE TO (C	OR AS A CONSEQUE	ENCE OF	esto	y fa	lus	
ATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b. DUE TO (C	OR AS A CONSEQUE	ENCE OF):)	UV		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUE	ENCE OF):				
	PART II. Other algoriticant condition	a contributing to d	leath but not rea	ulting in the u	nderlying cause give	en in Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL							ES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF DEAT	FH (Check only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 Nu	R:	lence 6 - Other (Specifi	()	
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28a, DATE OF II (Month, Day	NJURY 2	28b. TIME OF INJURY M	26c. INJURY AT WORK?	28d. DESCRIBE	10W INJURY OCCU	PRED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF building, e	INJURY — At home tc. (Specify)	, farm, street, fa	ttory, offica	281. LOCATION (S City or Town,		r Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE							j. ceuse(e) and mariner as mining.
BE	256. SIGNATURE AND TITLE OF CERTIFIES		200	n - t-	29c. LICENS			SHOWED (Month, Day, Was)
2	30 NAME AND ADDRESS OF PERSON WH	O COMPUTED CALLED	The same of the sa	MIK	,,00	1-6-16		13/12

DHMH-16 Rev 1/89

ransit permit. Pages 1, 2, 3 should

s after death. Page 6 may be retained by the houp	by the funeral director, page 5 should be detacher emoval.	dical examiner must be notified at once	THOO SE OF
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaching the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	CENTIFICATION

8

Date FILED (Month, Day, Year)

210

FEB 12 1992

1. DECEDENT'S NAME (First, Middle, Last		77 4 h Davis	01	200 A 673 T	200		2. DATE OF	DEATH DAY	' YI	AR	OF DEATH
PATR.		JAME		BATI	S		Feb.	8,	1992	5:4	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	MO	UNDER 1 YEAR	HOURS	R 24 HRS.	7. DATE OF (Month, D)	BIRTH by: Year)	6.	BIRTHPLACE (S Country)	State or Foreign
185-03-9988	17 M 2 F	74	YRS.				5/9/	1917	C	onnec	ticut
9a. FACILITY NAME (If not institution, give	street and number)		98	L CITY, TOWN	OR LOCAT	ION OF DI	EATH		9c. COUNTY	OF OEATH	
3116 Tucke	er Road				St	ree	t			Harfo	rd
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN											
Maryland	Harford	ı	10c. CITY, T	OWN OR LOCA		Str	eet			LIN	BIDE CITY MITS? ES 2 NO
10e. STREET AND NUMBER				16	1. ZIP COD	E			10g. CITIZEN	OF WHAT CO	UNTRY?
3116 Tucker	Road				2	115	4			U.S.A.	
11. MARITAL STATUS		T EVER IN U.S. AR	MED				NIC ORIGIN? (S		-	RACE - Amer	rican Indian.
Never Married 2 Married	FORCES?	T EVER IN U.S. AR	10		ecify Cub 2 7 NO		in, Puarto Rica v:	n, atc.)		Black, White, Specify:	etc.
Widowed 4 Divorced	World	l War I	I		A		,			Cauca	sian
15. OECEOENT'S ED (Specify only highest gree	UCATION	16a. DE	CEDENT'S US	UAL OCCUPATI	ON	to a	16b. KII	ND OF BUS	NESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT use re	done during m tired.)	ust or work	n/g					
11	-		uck T	rive	2		_00	П	ruck	ing	
7. FATHER'S NAME (First, Middle, Last)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	THER'S NA	ME (First, Midd				
Leo	Bates	1								allig	าท
9a. INFORMANT'S NAME (Type/Print)	Davel		h MAII ING AD	DRESS (Street	and Numbe		Route Number,				CULL
The second secon	20+00	1.5			4.4		noute number,	City or lown	, State, Zip Go	00)	
Margaret E. I		Law even		me as							
0a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ra	moval from Stata	other pl	ece)	ON (Name of ce						or Town, State	
☐ Donation 5 ☐ Other (Specify) H. SIGNATURE OF FUNERAL SERVICE I		_ Carr	OTT (remai				Han	ipste.	ad, M	d.
· M. Ilac	lden K	of II		Kı Ja	artz	Fu	neral ville	. Ma	ryla	nd	
23. PART I. Enter the diseases, or abock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one ca	O (OR AS A CONSE		enter the m	ode of dy	ying, euc	ch es cerdiac	or reaple	etory arrest	in	pproximate itarval Batwe naat and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST	b. DUE TO	OR AS A CONSE	DUENCE OF):	con	lio	nys	the state of the s	5			
PART II. Other algorificant condition	ona contributing to	deeth but not r	resulting in t	he underlylr	g cause	given in		e. WAS AN PERFOR	MED?	AVAILAB	UTOPSY FINDING ILE PRIOR TO ETION OF CAUSE TH?
							-				ES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF	DEATH (C	neck only one)			L	
1 TES 2 NO		ER/Outpatient 3			ne_FSF	Rasidence	6 Other (S	pecify)			
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation		F INJURY Day, Year)	26b. TIME O	Y W	JURY AT DRK? YES 2	□ NO	26d. DESCR	IBE HOW IN	JURY OCCUP	ED	
2 Pulate	26a. PLACE	OF INJURY — At he atc. (Specify)	oma, farm, atro	et, factory, offi	ca			ON (Street a lown, State)	nd Number or	Rural Route Nun	nber,
4 Homicide 6 Could not b											
4 Homicide determined										ause(a) and ma	nner as stated
4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the beals of a				death occi	ured at the	time, deta an		due to the c		
4 Homicide detarmined 29a. CERTIFIER (Check only) CERTIFYING PHY	NER: On the beals of a				death occi	ured at the CENSE NU	time, deta an	d place, and	due to the c	ause(a) and me	Day, Year)

Julia Savidson Bondales

DIVISION OF VITAL RECORDS, F.O. BOX 68760,	BALTIMORE, MARYLAND 21215-00207
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the incention a presidence and the control of the	hours after death. Page 6 may be retained to the locality attending onysicians.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoyal,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should receive the burial transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, La.	*1	- 01	RTIF	OAIL	<u> </u>	חבת	***		REG. NO.			
FREDA B	<i>'</i>							2. DATE O MONTH	F DEATH DA	W	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	LUM							FEBRU	ARY 7	,199		7:50 a.m.
		B. AGE (In yrs. last		F UNDER I	YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH Day Year)		8. BIRTHI Country	PLACE (State or Foreign
213-28-3910	1 □ M 2 💢 F	88	YRS.		UNIO	noons	dility.	11	/21/1	903		ARYLAND
9a. FACILITY NAME (If not institution, give	e street end number)			9b. CITY,	TOWN O	R LOCAT	ON OF D				NTY OF DE	ATH
THE JOHNS HOPKI	NS HOSPITAI			BALT	IMO	RE C	ITY			BAL'	TIMOF	RE CITY
10a. STATE 10b. COU	чтү		10c. CITY,	TOWN OF	LOCAT	ION					T	10d, INSIDE CITY
MARYLAND 100. STREET AND NUMBER			BA	LTIM	ORE							LIMITS?
					101.	ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
3900 N. CHARLES	ST., APT.	711					2121	8			USA	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	AED	13. W	AS DEC	ENDENT (OF HISPAN	VIC ORIGIN?	Specify Yes	or No—		- American Indian, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	R OR DATES	0	1 11	yes, spe	elfy Cubi	n, Mexice Specifi	n, Puerto Ric	en, etc.)		Black, Specify	<i>t</i> :
15. DECEDENT'S E	NICATION	T. 0. 0.										WHITE
(Specify only highest gre	de completed)	(Gh	CEDENT'S Use kind of wo Do NOT use	rk done du	ring mos	N st of workli	ng	166. K	IND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	aru.			TOD					7 (D	2045	
17. FATHER'S NAME (First, Middle, Last)			пО	USEW	TCE	40				AT HO	ME	
LOUIS MEYER						18, MOT		ME (First, Mic				
19a. INFORMANT'S NAME (Type/Print)		401	1111 INC. 4	******				SE WA				
MR. DAVID BLUM								Route Number				
20e. METHOD OF DISPOSITION			34 CA				E O	WINGS	-			
1 M Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	cametery, crem	ND DATE OF	DISPOSIT	ION (Nei		2/9/	DATE			City or Tow	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 1003	LII IE		ME AN	_	SS OF FA		B	ALTI	ORE,	MD
1 linter 1	0	Ω						N & B	ROS.,	INC.		
Monardo	ngrand	V 2			5010	RE:	ISTE	RSTOW	I RD.	BAI	TO.	MD 21215
23. PART I. Enter the diseases, of ehock, or heert failure.	Complicatione that	aused the dea	th. Do no	t enter t	ne mod	le of dy	ing, suci	h aa cardle	c or reaple	atory err	est,	Approximate
IMMEDIATE CAUSE (Final	One cause	On each liftle.										Onset and Death
disease or condition resulting in death)	. Pheum	ocyst	is co	70 - 1 14		7	. 0 11	1444 615	21/4			work
	DUE TO (O	R AS A CONSECU	UENCE OF)	- C	1	-		WYO	110			1 week
	. Lymp	NOC. V+		VIM	oh.	TIANG	2					13/2 1100
Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSECU	VENCE OF):	1	-14	74000						12 413
cause. Enter UNDERLYING CAUSE (Disease or Injury	c				1							-
that initiated events	OUE TO (O	R AS A CONSEQU	JENCE OF):									
resulting in death) LAST	d											
	one contributing to de	eath but not re	suiting in	the und	rivina	COLLOG	aluna In	Boot I a				
PART II. Other algnificent conditi			ounting in	the une	or rymig	causa (Jiven in	Part I. 2	PERFORI			WERE AUTOPSY FINGINGS WAILABLE PRIOR TO
PART II. Other algnificent conditi								. 1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Television 11	idism								,			
The second second											1 1	YES 2 NO
typothyro												YES 2 NO
Television 11	idism			THER	26. PL/	ACE OF O	EATH (Che	ock only one)				TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:					Specify)			I □ YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	JURY		☐ Nursin		5 🗆 Re		ock only one) 6 □ Other (S	pecity)	JURY OCC	<u> </u>	I WES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	MOSPITAL: 1% Inpetlant 2 = 28a, DATE OF IN (Month, Dey.	JURY Year)	26b. TIME (OF 2	g Home Bc, INJU WOR	5 🗆 Re	aldence	ock only one) 6 □ Other (S		JURY OCC	<u> </u>	I - YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not b	MOSPITAL: 12 Inpetiant 2 = 28a, DATE OF IN. (Month, Day,	JURY Year)	26b. TIME (OF 2	g Home Bc, INJU WOR	5 🗆 Re	aldence	eck only one) 6 Other (S 26d. DESCR	ON (Street or		URED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 12 Inpatient 2 = E 28a. DATE OF IN. (Month, Day. 28e. PLACE OF III	JURY Year)	26b. TIME (OF 2	g Home Bc, INJU WOR	5 🗆 Re	aldence	eck only one) 6 Other (S 26d. DESCR	IBE HOW IN		URED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not b determined	HOSPITAL: 12 Inpatient 2 = E 28a. DATE OF IN. (Month, Day. 28e. PLACE OF III	JURY Year) NJURY — Al hom :- (Specify)	26b. TIME (INJUR	OF 2 Nursin	g Home Bc, INJU WOF 1 YI	5 Re	NO NO	6 Other (S 26d. DESCR 26f. LOCATI City or	ON (Street er own, State)	nd Number	URED or Rural Ro.	

JOHNS HOPKINS HOSPITAL

CH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LHEAL D. TOWER 110

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMP RUSH, MICHEAL

Baltimore

A - 177 - 1770

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Duna	atic
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T Mean	arked, or Item 23 shows any
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State	Iten
ille ille	0
I WITH	arked

	FOR STATE REGISTRAR	STATE OF A	MARYLAND /	DEPART ERTIFI	TMENT (F HEALT	H AND	MENTA	L HYGIEN REG. NO.	92	? 0	3768
	1. DECEDENT'S NAME (First, Middle, Last Claude	BRAKE						2. DATE	of DEATH	ğ 199	YEAR 2	3. TIME OF DEATH 10:40 A
	4. SOCIAL SECURITY NUMBER 235-30-0335	5. SEX 1 1 1 F	6. AGE (In yrs. les		IF UNDER 1 YE	EAR IF UND AYB HOURS	ER 24 HRS.	7. DATE (Mont) Sep	of BIRTH		S. BIRTH	PLACE (State or Foreign StVirginia
TOR	Sa. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital RESIDENCE OF DECEDENT					ROSSVI		EATH			TY OF DE	
DIRECTOR	Md. 106. COUNTY BAltimore 10c. CIT					TOWN OR LOCATION ESSEX						10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	106. STREET AND NUMBER 631 New Jers	sey Ave.			10f. ZIP CODE 21221					10g. CITI	ZEN OF W	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1	MED NO	II ye	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Inc Black, White, etc. Specify: White				, White, etc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12th	UCATION de completed) College (1-4 or 5 a	(G	ive kind of wo Do NOT use	ISUAL OCCU ork done durin retired.) eman	PATION og most of wor	king	16b	KIND OF BUS	eth S		
BE COI	17. FATHER'S NAME (First, Middle, Last) CONWAY GEO	orge Brak					Co	nnie	Lee K	ite		
5	19a. INFORMANT'S NAME (Type/Print) George Brake			9017	Beth	el Roa			ick Md			
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cappillon, State PHOLLY HILL Cemetery 2/11/92 BAltimore Md.											
	21. SKGRATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneral Home 300MAceAve. 21221									21221		
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	Rupture	ed Abdom	ninal	Aorti				flac or raspi	ratory arre	est,	Approximats Interval Batwea Onset and Dast
CERTIFICATION	Sequantially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events											
CERI	resulting in death) LAST d											
: MEDICAL	1 U YES 2 NO COMPLETION OF CALL								AMAILABLE PRIOR TO COMPLETION DF CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	6. PLACE OF						
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	y, Year)	28b. TIME INJUI	RY M 1	INJURY AT WORK?	□ NO	28d. DES	CRIBE HOW IN	JURY OCC	URED	
ETED	3 Suicide 8 Could not be determined	building,	FINJURY — Al hor itc. (Specify)					City o	ATION (Street ar or Town, State)			ute Number,
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the beat of ax	my knowledge, dea amination and/or is	eth occurred	at the time, In my opinio	date end place on, death occ	e, and dua ured at the	to the cau	se(s) and meni and place, and	ner an atate I due to the	d. cause(a)	and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Nasi	4-1	1-1	2	29c. LK	ENSE NUN	ABER		29d. DATE	SIGNED (Month, Day, Year)
	George Jabaji,	M.D. 96	00 Fran	klin :		e Driv	e B	altin	nore 1	1D 2	1237	
	31. DATE FILED (Month, Day, Year) FEB 1 2 1992	grander de la constant	S SIGNATURE	2								

page 12, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTA	L HYGIENE BEG. NO.	_	0103	
	1. DECEDENT'S NAME (First, Middle, Last)	2 DATE OF DEAT							3. TIME OF DEATH	
	Betrice Beatri	ce Baker				Feb.	8, 1992	YEAR	м	
		A COLUMN TO THE RESERVE OF THE PERSON OF THE	a discent them is discent				OF BIRTH th, Day, Year)	6. BIRT	HPLACE (State or Foreign	
		M 2 D F	67 YRS.	ONTHS DAYS	HOURS MIN.	July	12,1924	Coun	PA.	
œ	9a. FACILITY NAME (If not institution, give street				R LOCATION OF D		9c. C	OUNTY OF		
0T;	1206 Susquehanna	Ave.		Bowle	ys Quar	ters		Balti	more	
DIRECTOR	10e, STATE 10b, COUNTY	imore	Lmore 10c. CITY, TOWN OR LOCATION BOWLEYS QUA						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. (ITIZEN OF	WHAT COUNTRY?	
ÉH	1206 Susquehann	a Ave.			21	21220			SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	Y □ NO	13. WAS DEC	ecify Cuban, Maxic	an, Puarlo	N? (Specify Yea or No- Rican, etc.)	Blac	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION maletecti	16a. DECEDENT'S U	SUAL OCCUPATION Most done during most	IN .	168	. KIND OF BUSINESS/			
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	st or working					
MP	12th						Martin	ıs		
	17. FATHER'S NAME (First, Middle, Last)						Middle, Malden Surname	9)		
BE	Wilmer Wetzel 19a. INFORMANT'S NAME (Type/Print)						Weiker			
2	Donald Baker						ber, City or Town, State,			
	20a. METHOD OF DISPOSITION	l de					Altimore	Md.		
	3 ☐ Burial 2 ☐ Cremation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)	il from State come	PLACE AND DATE OF Litery, crematory or other Sardens o	DISPOSITION (Na	me of 2/11.	/O.2				
	21. SANATURE OF FUNERAL SERVICE LICEN		sardens o		D ADDRESS OF F		ROSS	ville	Ma.	
	Connelly F	unital	Mome	Conne	llyFune	ralHo	me300MAce		21221	
	23. PART i. Enter the disessed or con shock, or heart feilure. Lis	nplications that caused	the death. Do not	anter tha mod	da of dying, suc	ch as care	diac or respiratory	arrest,	Approximata	
	IMMEDIATE CAUSE (Final								Onset and Daath	
	disease or condition resulting in death) a		E MYE	LOMA					14 MONTHS	
		DUE TO (OR AS A	CONSEQUENCE OF):							
o N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
AT	cause. Entar UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						1	
CERTIFICATION	resulting in death) LAST									
	PART il. Other significant conditions of	contributing to death but	t not regulting in	the underlying		200				
PHYSICIAN: MEDICAL		ontributing to death bu	t not rasuming in	the underlying	cause given in	Part I.	24a. WAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
						-	1 TYES 2 NO		OF DEATH?	
Σ.									1 TES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)	nock onto on	101			
SIC		OSPITAL:		THER:	1					
Ť	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME (OF 28c. INJU	IRY AT		CRIBE HOW INJURY	CCURED		
BY F	1 Natural 5 Pending	(Month, Day, Year)	INJUR	M 1 Y			WEITHER CO.			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY At home, farm, street, factory, office					261. LOCATION (Street and Number or Rural Route Number,			
1	4 Homicide detarmined building, etc. (Specify)									
COMPLETED	29s. CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) and manner as stated.									
8	one) MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) end manner as stated.									
	296. SIGNATURE AND TYPLE OF CERTIFIER	0			29c. LICENSE NUI				(Month, Day, Year)	
O BE	au Deit	wy			D293		•	2/K	192	
2	30. NAME AND ADDRESS OF PERSON WHO'C	OMPLEYED CAUSE OF DEAT	-	int)					-	
	EXIC J. SEIFTER	K' GIL PAY	ok ave	BALT	IMORE,	ME	21201			
	FEB 12 1992	32. REGISTRAR'S SIGNAT								

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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEMBERS IN MARKET IN THE STATE OF THE S	1. DECEDENT'S NAME (First, Middle, Last)				ATH					
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Bear Continue College (14 or 5 +) Housewife			16a. DECEDENT'S	USUAL OCCUPATION work done during most of wo	rkina	16b. KIND OF BUS	INESS/INDUSTR	Y		
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198. MRCORMANT'S NAME (Typer/Print) John Biemiller 190. MAILANG ADDRESS (Street and Number or Rural Route Number, City or Town. Street. 2p Code) John Biemiller 110.5 G Queens Purchase Rd. Balt, Nd 212 210. PLACE AND DATE OF DISPOSITION (Number) 211. SORATURE OF FUNERAL SERVICE LICENSEE All Donation S. Of Cheen (Special) 220. PLACE AND DATE OF DISPOSITION (Number) 221. SURAN SORATURE OF FUNERAL SERVICE LICENSEE All Donation S. Of Cheen (Special) 222. PART I. Enter the diseases or complications that captaged the death to not enter the mode of dyling, such as cardiac or respiratory arrest, interaval Bathons or survival and the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 224. WAS AN AUTOPEY PRINT OR WEEK STREET OF PRINTING PHYSICIAN: To the bast of examination endor investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 226. BIGHATURE AND TITLE OF CERTIFFIER 1 VERY STRING PHYSICIAN: To the bast of examination endor investigation, in my opinion, death occurred at the time, date and place, and due to the time, stay on the time, date and place, and due to the time, stay on the time, death on place, and due to the time, stay on the time, death on place, and due to the time, stay on the time, death on place, and due to the time, death on place, and due to the time, stay on the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, stay on the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the time, death on place, and due to the cause(s) and manner as stated. 201. BIGHATURE AND TITLE OF CERTIFFIER				16. MC						
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29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year)	stpatient 3 DOA Y 28b. Till	26, PLACE OF CONTROL O	F DEATH (Check	PERFOR 1 YES 2 k only one) Other (Specify)	MED?	AMAILABLE PRIOR TO COMPILETION OF CAU OF DEATH? 1 YES 2 NO		
(Check only one) 2 MEDICAL EXAMINER: To the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 4 3 5 5 9 3 2 9 DATE SIGNED (Month, Dey, Year)	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	ripetient 3 DOA Y 28b. TiW	26, PLACE OF CONTROL O	F DEATH (Check	PERFOR 1 YES 2 k only one) Other (Specify) 28d. DESCRIBE HOW in	MURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 435593 29d. DATE SIGNED (Month, Pey, Year)	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpetient 2 ER/Ou 26e. DATE OF INJUM (Month, Day, Year) 26e. PLACE OF INJUI	propertient 3 DOA Y 26b. TiM IN.	26, PLACE OF CONTROL O	F DEATH (Check	PERFOR 1 YES 2 Ves 2	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO		
H35593 ► 2/8/92	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Ou 26e. DATE OF INJUR (Month, Day, Year) 26e. PLACE OF INJUI building, etc. (Sp	propertient 3 DOA Y 28b. TIM (N. RY — At home, farm,	26, PLACE OF OTHER: 4 Nursing Home 5 Mac OF 28c. INJURY AT WORK? M 1 YES 2 street, factory, office	F DEATH (Check Residence 6 2 NO	PERFOR 1 YES 2 Nonly one) Other (Specify) 28d. DESCRIBE HOW (City or Town, Stele) o the cause(e) and me	NJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO		
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 1 Homicide Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Sp.	propertient 3 DOA Y 28b. TIM (N. RY — At home, farm,	26, PLACE OF A PLACE O	F DEATH (Check, Residence 6 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2	PERFOR 1 YES 2 Nonly one) Other (Specify) 28d. DESCRIBE HOW (City or Town, State) the cause(e) and me ma, date end piece, as	NJURY OCCURE and Number or R	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Dural Route Number,		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 6 determined 29 Accident 1 CERTIFYING PHYS (Check only one) 29 MEDICAL EXAMINE 29 SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 Inpetient 2 ER/Ou 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Sp. SICIAN: To the bast of my knoten.)	propertient 3 DOA Y 28b. TiM IN. RY — At home, farm, eacily) owiedge, death occurr ition end/or investigation	26, PLACE OF A PLACE O	F DEATH (Check, Residence 6 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2 NO 2	PERFOR 1 YES 2 Nonly one) Other (Specify) 28d. DESCRIBE HOW (City or Town, State) the cause(e) and me ma, date end piece, as	NJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO D ural Route Number, use(e) and manner se state INED (Month, Pay, Year)		

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31. DATE FILED (Month, Day, Year)

8760, BALTIMORE, MARYLAND 21215-003	cuted within was after death. Page 6 may be retained by the hospital or attending ph	d completely filled in by the funeral director, page 5 should be detached for use as the burnial, cremation, or removal.	ilc event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within First after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bub filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE	NE	02 03771	
	1. DECEDENT'S NAME (First, Middle, Lest) VICTOR	WAYNE		COOK		2. DATE OF DEATH 02	0 195	3. TIME OF DEATH 7:03 A M	
		XX M 2 D F	GE (in yrs. lest birthdey) 27 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) KANSAS	
OR	90. FACILITY NAME (If not institution, give str 6438 HARWAIT A		BALTI	OR LOCATION OF E	DEATH	9c. COUNTY			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 007	Y. TOWN OR LOCA	TION				
L DIRECTOR	MARYLAND 10a. STREET AND NUMBER		10%, 611	В	ALTIMORE	CITY		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	6438 HARTWAIT STRE			10	101. ZIP CODE 10g. CITIZEN OF WHAT COLUMN U.S.A				
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYE FORCES? 1XX IF YES, GIVE WAR O	R DATES	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: ### Application of the process of the proc				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12) 1 2TH GRADE	TION	18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT Work done during m se retired.)	ost of working	18b. KIND OF B	USINESS/INDUS	TRY	
Ö	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	n Surname)		
BEC	CHARLES COOK				,	H E. NOT K	,		
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co.	de)	
F	EVANGELINE COOK				STREET				
	20s. METHOD OF DISPOSITION Burtisl 2 Cremation 3 D Remon 4 Donation 5 D Other (Specify)	0	CARRISON	OF DISPOSITION IN	ame of	DATE 20c.1	OCATION - CIN		
	21. SIGNATURE OF PUMERAL SERVICE LICE	Firely		3000A 792	RUCK Full WISE AL	VERAL HOME VENUE DUN	OF DUN	IDALK INC.	
	23. PART T. Enter the diseases, pr co ahock, pr heart failure. Li IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Guns	n each line.	ound		than cardiac or real		Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST								
PHYSICIAN: MEDICAL C	PERFORMED? AVAILA COMPL 1 YES 2 NO OF DEA						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ÿ									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	neck only one)			
YSI	1 XYES 2 NO	□ Inpetient 2 □ ER/0	Outpetient 3 DOA	4 Nursing Hon	ne 5 Reeldence	8 Other (Specify)			
F	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yes 0 2 - 1 0 - 1	E OF 28c, IN-	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
B	1 Natural 5 Pending 2 Accident Investigation	M 1 🗆	YES 2 X NO	SELF -IN	V-FLIC	TED GSW			
	A Homelete determined					281. LOCATION (Street City or Town, State 6438 HAF	9)	AVE BALTO, MI	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my kr	nowledge, death occurrent	ed at the time, date	end place, end due lesth occured at the	to the ceuse(e) end me	mner se stated.	ruse(e) end manner ee steted.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	2. C/	inte and		O . C . N	MBER	29d. DATE SIG	GNED (Month, Day, Year) 0 1 9 9 2	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) PENN	ST. BAI	TIMORE, N	IARYLA	ND 21201	

2 1992 Julia Lavidson-Andres

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FOR STATE REGISTRAR		MARYLAND / DE	PARTMENT OF IFICATE OF			REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	DA		YEAR	, TIME OF DEATH
Willard		L.	Clay		Feb.		1992		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
218-36-7765	1 🗆 M 2 💢 F	94 *	IS.			8,18	97	Vir	ginia
9e. FACILITY NAME (If not institution, give street end number) 3210 Howard Park Avenue RESIDENCE OF DECEDENT 10e. CITY, TOWN OR LOCATION 10e. CITY, TOWN OR LOCATION 10e. CITY, TOWN OR LOCATION 10e. LIMITE Maryland Baltimore 1/2/Yes								тн	
10a. STATE 10b. COUN			CITY, TOWN OR LOC				-	1	0d. INSIDE CITY LIMITS?
Maryland			Baltim						XYES 2 NO
10e. STREET AND NUMBER			1	of, ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
903 North Fre	mont Av	enue		2121	7		U	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR OATES	If yes,	ECENDENT OF HISPA specify Cuban, Mexic S 2 NO Speci	an, Puerto Ric	(Specify Yee can, etc.)	or No	14. RACE - Black, 1 Specify:	- American Indian, White, etc. Black
15. DECEDENT'S ED		16a, OECEDE	NT'S USUAL OCCUPAT	TION	18h 1	(INO OF BUS	INFSS/INDI	STRV	Black
(Specify only highest grad	(Give kin life, Do N	d of work done during in OT use retired.) Iinister	nost of working	100.7					
17. FATHER'S NAME (First, Middle, Last)	<u>College</u>		IIIIISCEI	18. MOTHER'S N	AME /Eint 14	Cler			
James Milton	Clayton			1/00					
19a. INFORMANT'S NAME (Type/Print)	Claycon		LING ADDRESS (Stree	Cora		Kenne	_		
	4								01016
Colyn H. Harrington 4007 Bateman Ave. Baltimore, MD 21216									
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State									
4 Donation 6 Other (Specify) Arbutus Memorial Park 2/12 Baltimore County, M 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Nutter Funeral Homes In									
21. SIGNATURE OF FUNERAL SERVICE	CENSEE .						0 22 1110	100	JO GILOJ /
Herber	18.	nutter	22. NAME 250 Bal	AND ACCRESS OF F 1 Gwynn timore,	ACILITY NE	tter	Fun	era1	Homes I
23. PART I. Enter the diseases, or	complications the	ot caused the deeth.	_ 250 Ba1	timore,	s Fal Mary	itter 1s P 7land	Fun arkw 21	eral ay 216	Homes I
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications the List only ona ce	et caused the deeth. Has fa fix	Ba1 Do not enter the m	timore,	S Fal Mary	itter Is P land	Fun arkw 21	eral ay 216	Approximata Interval Between
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31. DATE FILED (Month, Day, Year)

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-meters after death. Page 6 may be retained by the hospital or ath	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

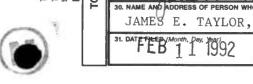
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	FOR STATE REGISTRAR	STATE OF N	IARYLAND / Ce		TMENT				/ENTAI	REG. NO.	E		. , ,
5	1. DECEDENT'S NAME (First, Middle, Last)			E.					2. DATE	OF DEATH	γ ,	EAR 3.	TIME OF DEATH
l		CHOTTA	CLARK				Atticion		2	6	_	92	1:00 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	MONTHS 1	DAYS	HOURS	MIN.	7. DATE (Month	of BIRTH n, Day, Year) 18-37	6	Country)	ACE (State or Foreign
	212-34-8227 9e. FACILITY NAME (If not institution, give str			rna.	DE CITY	TOWN O	R LOCATIO	N OF DE		-18-37 Maryland			
œ							timo		AID		96. COON1	OF DEAL	FI .
6	St. Agnes Hosp				. ULIIIC	JI E							
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT							d. INSIDE CITY LIMITS?
	Maryland 10e. STREET AND NUMBER	Balt	ımore			404	ZIP CODE	ator	nsvi	lle	40 - 017175		YES 2 X NO
FUNERAL	63 Glenwood Av	renile				101.	ZIP CODE	21:	228			USA	(I COONTRY)
N.	11. MARITAL STATUS	12. WAS OECEDEN			13, W	AS DEC	ENDENT OF	HISPAN	IC ORIGIN	i? (Specify Yee		. RACE -	American Indian,
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	☐ YES 2 XXN AR OR DATES	0			cify Cuban, 2 NO			Rican, etc.)		Specify:	/hite, atc.
) BY	3 Widowed 4 Divorced												White
E	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gh	ve kind of a	USUAL OC work done di se retired.)	CUPATIO uring mos	N at of working	7	16b	. KIND OF BUS	INESS/INDU	STRY	
1	Elementery/Secondery (0-12)	College (1-4 or 5+	•)		Teac				9	School	/Phy	gios	al Ed.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1040	1101		ER'S NAI		Middle, Malden		SIC	LI Du.
BE C	Gilbert E	School	otta					Do	oris	3	Bas	sle	C
TO B	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town			
۴	E. Vernon Cla	ırk	63						Ca			_	21228
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	val from State	20b. PLACE Cother pia	rce)					o /1 o		CATION — CI		
	4 Donation 5 Other (Specify)	FNSFF	Loude	n P						Ba	altim	ore	
	MacNabb Funeral												
	George E.												WD 21228
	23. PART I. Enter the disesses, or c shock, or hasrt failure.				not sntsr	ths mo	ds of dylr	ng, aucl	h as care	diac or respi	retory arre	st,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disasse or condition	M - '	1							_			Onast and Dsath
ŀ	resulting in desth)	Massiv	(OR AS A CONSEC			asıs	and	per	itor	neal			
_			omatosis										
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	Adrena				noma	- r	ight					
E	that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
SE		l											
	PART II. Other algorificant condition	a contributing to	desth but not re	saulting	In the un	derlying	cause g	iven in	Part I.	24a, WAS AN PERFOR			ERE AUTOPSY FINDINGS
8									_	1 X YES 2	□ NO		OMPLETION OF CAUSE F DEATH?
ME									— 1			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					24 01	AGE OF DE	TATH OOL					
i i	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ no 4	OTHER	t:	ACE OF DE	-					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF	INJURY	26b. Tik	1E OF	28c. INJ	e 5 □ Rae	eldence			NJURY OCCL	RED	
2 Accident Investigation 29 PLACE OF IN ILIES At home form street feedow office													
							r Rural Rou	te Number,					
ETE	4 Homicide datarmined	_								,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI												
SO	one) 2 MEDICAL EXAMINE	R: On the basia of e	xamination end/or i	Investigati	on, in my o	pinion, d	aath occur	ed at the	time, date	e end place, en	d due to the	ceuse(e)	and menner es stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1	~				29c, LICE		MBER		29d. DATE	SIGNED (A	fonth, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (June Print)							12						

- ST. AGNES HOSPITAL - 900 CATON AVE. BALTIMORE, MD.

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

182, REGISTRAR'S SIGNATURE
FUND DUVIDON-Andor

M.D.



Ε.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH		IENE . NO.	00114			
1. DECEDENT'S NAME (First, Middle		t- 0 t-	1. 6	2. DATE OF DEA MONTH	TN2/11/9	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	AVEY. G. Ves		de Cavey	7. DATE OF BIRT	11 9	2 9.10 H			
216-16-323	08 10M2 XF 6	YRS. MONTH	S DAYS HOURS MIN.	(Month, Day, Ye		Maryland			
9a. FACILITY NAME (If not institution		9b. CI	altimese			Y OF DEATH			
Harbor RESIDENCE OF DECEDE	HOSDICAT	יכו		MD.HI	7.				
Harbor RESIDENCE OF DECEDE 104. STATE 106. (Baltimor	10c. CITY, TOWI		nsville		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
10a. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
621 Woodhur	12. WAS DECEDENT EVER	IN U.S. ARMED t	3. WAS DECENDENT OF NISP	21228	fy Yea or No I 1	USA 4. RACE — American Indian,			
3 Widowed 4 Divorced	FORCES? 1 YES	2 LAINO	If yes, specify Cuban, Maxic 1 ☐ YES 2 X NO Spec	an, Puerto Rican, at	۵)	Black, White, etc. Specify: White			
15. DECEDENT (Specify only higher	it grade completed)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	ne during most of working	16b. KIND O	F BUSINESS/INDUS				
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Homer	,	10	Home	2			
Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, L	•			AME (First, Middle, M	aiden Sumame)				
Earl D. 194. INFORMANT'S NAME (Type/Prin	Ross	40h MAII ING ADDOS		Gertru		Lditch			
William T.		621 Wood	ess (Street and Number or Rura Thurst Way			MD 21228			
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3	Removal from State 200	b. PLACE AND DATE OF DISP	OSITION (Name of	DATE 20	c. LOCATION — CI	ty or Town, State			
4 Donation 6 Other (Specification 21. SIGNATURE OF FUNDRAL SERV	ICE LIQUISEE M	11 2	Cemetery R NAME AND ADDRESS OF F	ACILITY		n Forest, MD			
George	E. MacNabb	I	MacNabb Fur	neral H		A. ., MD 21228			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algnificant con	ditions contributing to death b	out not resulting in the s	underlying cause given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
				-		1 YES 2 NO			
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)					
t □ YES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Out		ursing Home 5 - Residence	_	OW INJURY OCCUP				
Natural 5 Pending	(Month, Day, Year)	INJURY M	WORK?	280. DESCRIBE N	OW INJURY OCCUP	NED .			
3 Suicide 8 Could n 4 Nomicide detarmin	building, atc. (Spec	' — At home, farm, street, fa	ctory, office	281. LOCATION (SI City or Town, S	reet and Number or State)	Rurel Route Number,			
(Check only 1 X CERTIFYING	PHYSICIAN: To the best of my know AMINER: On the bests of axaminatio	riedge, death occurred at the	lime, data and place, and dur opinion, death occured at the	s to the cause(s) and	I manner as stated.	Suss(s) and manner se wieted			
296. SIGNATURE AND TITLE OF CEL			29c. LICENSE NU			IGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSO		ATN (ITEM 27) (Type. Print)			1 7	-11-42			
R.K. Ree	n, M.D. Ho	arbor t	lospilal	Ball	imore	, MD.			
TEB 1 1 1992	32. REGISTRAR'S SIGN	ATURE							





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DALIM	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF H	EALTH AND DEATH	MENTAL HYG		- 00113
	1. DECEDENT'S NAME (First, Middle, Last)	utai MINNIE				2. DATE OF DEAT	н	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213/658/3	1 🗆 M 2 🗸 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign Country) ARYLAND
TOR	99. FACILITY NAME (If not institution, give a	treet end number)	90	CITY, TOWN O	n LOCATION OF D	EATH	Balt	
DIRECTOR	100. STATE 106. COUNTY MARYLAND	NA	_	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 4200 WILBUR ROAI)			21205			SA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	It yes, sp	ENDENT OF NISPAL ocity Cuben, Mexico 2 NO Specifi	NIC ORIGIN? (Specifien, Puerto Ricen, atc	Yes or No — 14.	RACE — American Indian, Black, White, etc. Specity:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION 1 completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done durina mo.	N st of working	16b. KIND OF	BUSINESS/INDUST	WHIIE PRY
MO:	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Me		
BE	WILLIAM CUTAIO				_A		CLAYTON	
2	198. INFORMANT'S NAME (Type/Print) RICHARD CUTAIO	Son	00000	ROCTOR		ACTIMORE	MD OTO	00) PZ/1
	20e. METNOD OF DISPOSITION 1	20b. P	LACE AND DATE OF D ery, cremetory or other	ISPOSITION (Na			LOCATION — City	or Town, State
	21: SIGNATURE OF PUNERAL SERVICE LA	RONALD WAI	DE, DIR	22. NAME AN	BAL TIME	ORE ST, E		OMY BOARD
FRIIFICATION	MANAGOVANO CALLOS COL. C	b. DUE TO (OR AS A C	ONSEQUENCE OF):					interval Between
N: MEDICAL CI		s contributing to death but	not resulting in the	he underlying	cause given in	Part I. 24e. WA. PET	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T or	26. PL	ACE OF DEATH (Ch	eck only one)		
L L	1 YES 2 NO 27. MANNER OF DEATN	1 ☐ Inpatient 2 ☐ ER/Outpati		Nursing Home		8 Other (Specify)	W INJURY OCCUR	50
7	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO	200. DESCRIBE N	W INSORT OCCOR	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, atree	t, tectory, office		28f. LOCATION (St. City or Town, S	set and Number or F tate)	turel Route Number,
COMPLETED		CIAN: To the best of my knowled R: On the besis of examination e						ouse(s) end menner es stated.
0 00	29b. SIGNATURE AND TITLE OF CENTIFIER	52			200 LICENSE NUI	MBER 4787	29d. DATE SIG	GNED (Month, Day, Yeer)
=	30. NAME AND ADDRESS OF PERSON	COMPLETED CAUSE OF DEATH	N (ITEM 27) (Type, Prin		h Ti	I		
	FEB 1 1 1992	32. REGISTRAR'S SIGNATION Dans		c				

at permit, Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR				OF HEALTH	TH	REG. NO	_	I.,	
	1. DECEOENT'S NAME (First, Middle, La	"GO C	ano,	E			DATE OF DEATH DO	0 9	3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 090-14-6170	tal security number $090-14-6170$ S. Sex $\times \square$ M $_2$ \square F 0		MONTHS MONTHS	DAYS HOURS	MIN.	Milanth Day March		6. BIRTHPLACE (State or Foreign Country) Spain	
TOR	98. FACILITY NAME (If not institution, given the state of	JOSEPH HOSP, +AL TOWN OR LOC			TOWN OR LOCAT					
DIRECTOR	10a. STATE 10b. COU	10b. COUNTY Baltimore			R LOCATION					INSIDE CITY LIMITS?
	100. STREET AND NUMBER 949 Martin F									COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S X INO	- 1	21221 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 ☑ NO Specify: Whit					
COMPLETED		A			ing	16b. KIND OF BU	SINESS/INDUS	TRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) ==	===			16. MOT	THER'S NAME	(First, Middle, Maiden	Sumame)		
TO B							e Number, City or Tow imore_MA			21
	20a. METHOD OF DISPOSITION 1 N Burlai 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control of Company of Control									
	22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221									
	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	PULMONARY	INSUFFI	CIENCY		ying, such s	s csrdisc or resp	iretory scress	,	Approximate interval Between Onsat and Daati
	CHRONIC LUNG DISEASE									
NO	Sequantially list conditions,	ъ.							İ	
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SUPER LINE C		e of): UMONIA	, BILAT	ERAL				
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	E OF): UMONIA E OF):			rt I. 24a. WAS AI PERFO	RMED?	CON OF	NE AUTOPSY FINDINGS ILABLE PRIOR TO PRETION OF CAUSE DEATH? YES 2 \(\square\) NO
7	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	DUE TO (OR AS SUPERINFO DUE TO (OR AS d	A CONSEQUENCE	E OF): UMONIA E OF):	26. PLACE OF	given in Par	PERFO 1 A YES	RMED?	CON OF	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	DUE TO (OR AS SUPPLIFIED OR AS SUPPLIFIED OR AS SUPPLIFIED OR AS SUPPLIFIED OR AS DUE TO (OR AS DUE	A CONSEQUENCE A CONSEQUENCE but not resultie utpatient 3 □ DO.	E OF): UMONIA E OF):	darlying cause	given in Par DEATH (Check Residence 6 E	PERFO 1 A YES	AMED?	AVA CON OF	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	DUE TO (OR AS SUPPLIFIED OR AS SUPPLIFIE	A CONSEQUENCE A CONSEQUENCE But not resultie but not resultie utpatient 3 □ DO Y 26b.	E OF): E OF): OTHER A 1 Nur TIME OF INJURY	26. PLACE OF R: sing Home 5 1 28c. INJURY AT WORK?	DEATH (Check Residence 6	PERFO 1 A YES only one) Other (Specify)	RMED? 2 NO INJURY OCCUR	AVA CON OF	LABLE PRIOR TO REPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant co	DUE TO (OR AS SUPPLIED OR AS SUPPLIE	A CONSEQUENCE A CONSEQUENCE B A CONSEQ	E OF): OTHER A 1 Nur TIME OF INJURY M rm, street, fact	26. PLACE OF R: sing Home 5 1 28c. INJURY AT YES 2 2 2 2 2 2 3 4 4 4 4 4 4 4 4 4	DEATH (Check Residence 6	only one) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Other (Specify)	RMED? 2 NO INJURY OCCUR and Number or	AMA CON OF 1	Number,
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant co	DUE TO (OR AS SUPPLIFIED OR AS SUPPLIFIE	A CONSEQUENCE A CONSEQUENCE B A CONSEQ	E OF): OTHER A 1 Nur TIME OF INJURY M rm, street, fact	26. PLACE OF 3: sing Home 5 1 28c. INJURY AT WORK? 1 YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DEATH (Check Residence 6 [NO 26 no, and due to ured at the tim	only one) Other (Specify) 3d. DESCRIBE HOW City or Town, State the cause(a) and make, data and place, a	INJURY OCCUR and Number or) inner as stated, and due to the c	AMALON CON CONTROL OF THE PROPERTY OF THE PROP	Number,

31. PATE FILED (MORT), Pag 1997

32. REGISTRAR'S SIGNATURE 02

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edical examiner must be notitled at once.

if. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Midd Fredrick	CANITZ JR,			2. DATE OF DEATH	1992 3. TIME OF DEATH 7:28 A		
4. SOCIAL SECURITY NUMBER 215-05-5104	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS 1THS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institute) Franklin S RESIDENCE OF DECEDE	Square Hospital	9b	CITY, TOWN OR LOCATION OF ROSSVIlle	DEATH	altimore County		
			WN OR LOCATION Middle River		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
100. STREET AND NUMBER 1109 Chester	REET AND NUMBER 109 Chester Road			20	10g. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		PANIC ORIGIN? (Specify Yea or Ican, Puerto Rican, etc.)			
15, DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) Coffege (1-4 or 5 +)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY		
17. FATHER'S NAME (First, Middle,	2yrs.	Superin		Ancho	r Post Fence Co.		
Fredrick 19a. INFORMANT'S NAME (Type/Pri	Canitz SR.	19b. MAILING ADD		Anna Kues			
20e. METHOD OF DISPOSITION	Rose Canitz 1109 Chest			BAltimore 1			
4 Donation 5 Other (Specify) Cemetry Crematory or other place)			emetery 2/1	1/92 BA1	timore Md.		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,							
23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	andle. List only blie cause on e	the death. Do not e ach line. Heart Bloc		uch aa cardiac or reapiret	Onaet and Dec		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	l'				
PART II. Other algolificant co	nditiona contributing to death b	ut not resulting in th	e underlying cause given i	n Part I. 24e. WAS AN AU PERFORME 1 YES 2 X	D? AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MED EXAMINER? 1 - YES 2 - NO							
27. MANNER OF DEATH 1 X Natural 5 Pendir 2 Accident Investi		26b. TIME OF INJURY	28d. DESCRIBE HOW INJU	RY OCCURED			
3 Suicide 6 Could 4 Homicide detarm	building, etc. (Spec	— At home, ferm, atreet	factory, offica	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,		
29a. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of my know	edge, death occurred at and/or investigation, in	the time, date and piece, end do my opinion, death occured at th	ue to the cause(a) and manner	r as stated, us to the cause(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CE	TAS CITAL S		29c. LICENSE NO 0 413	UMBER 29	ed. DATE SIGNED (Wonth, Day, Year)		
30. NAME AND ADDRESS OF PERS	on who completed cause of dephens, M.D. 900		Square Drive	e Baltimore	MD 21237		
31. PTEB 1 2 7992							

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ORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Lurs after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundal. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET P. COOKE			2. DATE OF DEATH DAY 02 09	YEAR 92	3. TIME OF DEATH 12/30 M		
1	4. SOCIAL SECURITY NUMBER 214-22-0990 5. SEX 1 □ M 2 □ F	93 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.		98 M	ARYLAND		
LOR	9a. FACILITY NAME (If not institution, give atreet and number) BLIZZARD CARE	· ·	FINKSBURG					
ត្ត	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CITY. 1	TOWN OR LOCATION			10d. INSIDE CITY		
- DIRECTOR	MARYLAND CARROLL 100. STREET AND NUMBER		SBURG			LIMITS? 1 YES 2 NO		
FUNERAL	1246 DEER PARK ROAD		21048		10g. CITIZEN OF WHAT COUNTRY? USA			
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT ET FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Maxical 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, ck, White, etc.		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 7TH	HOUSEWI	etired.)					
O	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden Si	umame)			
	WILLIAM W. BAKER		LOUI	SA MEYER				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street and Number or Rural F	Route Number, City or Town,	State, Zip Code)	2		
5	RUTH MANN	734 WO	ODSIDE DRIVE, V	VESTMINSTER	, MD.	21157		
1	20e. METHOD OF DISPOSITION 1\(\) Burlet 2 \ Cremation 3 \ Removal from State 4 \ Donation 5 \ Other (Specify)	20b. PLACE AND DATE Of cemetary, crematory or		DATE 20c. LOCA	IMORE, M.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DROID RIDG	22. NAME AND ADDRESS OF FA	CILITY				
	· a. alan Se	til	A. ALAN SEITZ 3818 ROLAND A	VENUE, BAL	TO., MD			
z	- AIT	on each line. As a consequence of:	lean Ja	ilus libreal	nory arreat,	Approximate Intervel Between Onset and Death		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):						
	PART II. Other algnificant conditions contributing to de	eth but not resulting in	the underlying ceuse given in			b. WERE AUTOPSY FINDINGS		
MEDICAL	Uremia.			PERFORM 1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Ž								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)	0	1000		
ΥS			□ Nursing Home 6 □ Residence		15000	provap		
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation			26d. DEŞCRIBE HOW IN	JURY OCCURED			
	3 Suicide 6 Could not be determined.	NJURY At home, farm, str. . (Specify)	set, factory, offica	28f. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam					(a) and manner sa stated,		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ear	29c. LICENSE NUI	MBER 2 OF	≥ 1	O (92		
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE CHITMACHEDY MG	PF DEATH (ITEM 27) (Type, P	700 A poole	rd we	Mux	5 MP		
	31. DATE FILED (Morith, Day, Vear) FEB 12 1992 July	is Sovieton Rand	482					

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending president	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the based signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the based by the attende	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or animating plan class	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.		
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
		SHIRLEY P.	DICKARD			Febru	uary 9,19	992	2:00 p.m
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTH	PLACE (State or Foreign
1	212-07-8105	1 M 2 MF 70) үяз.	MONTHS DAYS	HOURS MIN.	March	24,1921	New	York
	Sa. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TOWN	OR LOCATION OF D				
E C	1568 Doxbury Rd.			Towso	n	Baltimore			- 0
5	RESIDENCE OF DECEDENT			10,000			Dai	CIMOL	
H	10a. STATE 10b. COUNTY		10c. CITY	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
₫		imore		Towso	n				1 YES 2 X NO
¥	10e. STREET AND NUMBER			101. ZIP CODE			10g. CI1	IZEN OF Y	HAT COUNTRY?
<u> </u>	1568 Doxbury Rd.				21204		U.	S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No	14. RACE	- American Indian, White, atc.
BY	1 Never Merried 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 Tyes, ap	NO Specific	an, Puarlo Rica: lly:	n, etc.)	Speci	
	3 Wildowed 4 Divorced							Whi	te
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATE rork done during me e retired.)	ON ost of working	16b. KJA	D OF BUSINESS/IN	DUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)							
N N	12	1	Homema	ker		01	wn Home		
	17. FATHER'S NAME (First, Middle, Last)						e, Maiden Sumame)		
8	Clarence Williams				Helena				
2	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, C	City or Town, State, Zi	p Code)	
	John F. Dickard		Same	as #10					
	20e. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation 3 □ Hemon	rel from State 20b	PLACE AND DATE O	F DISPOSITION (Na	ame of	DATE	20c. LOCATION -	City or To	wn, Sieta
	4 Donation 5 Other (Specify)	Du	netery, cremetory or ot laney Va	lley Me	m.Gdns.	2/12/9	Timon:	ium,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIGE	NSEE /		22. NAME A	ND ADDRESS OF FA	ACILITY	l Home,		
- 1	Trongled (All	who it.					son, Md.		
	23. PART I. Enter the diseases, or co	molications that cause	the death Do o	of enter the mo	do of dylan sur	· , IOW	son, Md.	2120	
	anock, or neart failure. Li	lat only one cause on ea	ach line.	or contact this time	de of dying, add	ori wa cerurac	or reapiratory at	reat,	Approximats Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	GENER	A1124	D C7	ATECHIAL	1 11 1	TK 515		Onset and Death
H	resulting in death) s.	DUE TO (OR AS A	CONSEQUENCE OF		1101141	0 /4 - 17	1070		
_		DUE TO (OR AS A CONSEQUENCE OF): SOUTHWAYS CELL CAPCINOMA ESO.							
ó	Sequentially list conditions, b.	DUE TO (OR AS A):						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	AP	CONSEQUENCE OF	LERO	LC HE	MUT	DISER	71	
Ĕ	CAUSE (Disease or injury that initiated events								
눈	resulting in daeth) LAST	P	on DE	FFICE	MCX 4	THEMIA.			
2									
EDICAL	PART II. Other significant conditions	contributing to death be	ut not reaulting in	the underlying	g cause given in	Part I. 24a	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
8						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME									1 YES 2 NO
ž					/				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10001711			ACE OF DEATH (Ch	neck only one)			
20		HOSPITAL: 1 Inpatient 2 I ER/Output		OTHER: 4 Nursing Hom	e 5 Residence	6 Other (Sp	ecity)		
=	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	URY AT	28d. DESCRIE	E HOW INJURY OC	CURED	
84	1 Natural 5 Pending 2 Accident Investigation	(monn, ou), roe)	INSC		YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— Al home, farm, st	reet, factory, offic		261. LOCATIO	N (Street and Number	or Rural R	oute Number,
2	4 Homicide determined	building, are. (opoc.	<i></i>			City or To	wn, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge deeth occurre	d at the time, date	and place, and due				
ž I		On the basis of examination							
	29b. SIGNATURE AND TITLE OF CHROFIER	1	-						
8	al-Mil	stral m	111 .		29c. LICENSE NUI	BER G T	29d. DAT	3 10	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	/ /	1		7	- 11-		0 10	
	Rubin Sebastain, M 31. DATE FILED (Month, Day, Year)	1.U., 2314	Joppa Kd	., Balto)., Md.	21234			
- 1	FFD 1	32. REGISTRAR'S SIGNA 2 1992	wie Nouida	Dand no					

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	filer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundativenest narmin pages 1, 2 should	eath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has be	be filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 is marked, or Item 23	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPAI CERTIF	RTMENT C	OF HEALTH A	H IND MEN	TAL HYGIEI		0,00
	1. DECEDENT'S NAME (First, Middle, Last MARVIN	COOPER	DARBY				272/199	DAY	YEAR 8:32 A M
	4. SOCIAL SECURITY NUMBER 218 20 2708	5. SEX	6. AGE (In yrs. lest birthday) 65 YRS.	MONTHS D	AYS HOURS	MIN. (M.	ATE OF BIRTH forth, Day, Year) -27-192		BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	90. FACILITY NAME (If not institution, give 200 CONWAY STRFF RESIDENCE OF DECEDENT			9b. CITY, TO	OWN OR LOCATION	BRON		9c. COUNTY	Y OF DEATH
FUNERAL DIRECTOR	MARYLAND WICON	MICO COUNT		TY, TOWN OR L					10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	200 CONWAY STRE				101. ZIP CODE 218	P V		USA	N OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDE FORCES? 1 YES 2 NO If yes, specify (I. RACE — American Indian, Black, Whita, atc. Specity:
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	Min Do MOT I	work done durin	JPATION ng most of working		16b. KIND OF BL	USINESS/INDUS	STRY
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	R'S NAME (Fin	st, Middle, Maider	n Sumame)	
BE	WILLIAM WALTER 19a. INFORMANT'S NAME (Type/Print)	DARBY					EN COOP		
2	OLIA M. DARBY		196. MAJLING	ADDRESS (St	treet and Number or	11	AATO	wn, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Rer 4 □ Donation 5 □ Other (Specify)		20b. PLACE AND DATE cametary, crematory or co		N (Name of			OCATION — City	y or Town, State
	21 SIGNATURE OF FUNERAL SERVICE L	RONAL!	D WADE, DIR	22. NAM	ME AND ADDRESS				MY BOARD
•	23. PART i. Enter the disesses, or shock, or heart feilure.	complications that	t caused the deeth. Do	not enter the	mode of dying	TIMORE g, auch sa ca	ardisc or rest	ALTO.	
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	· mu	TOR AS A CONSEQUENCE O	Ren	ne Ca	mes			interval Between Onset and Daath
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST d.								
CAL	PART II. Other significant condition	ns contributing to	death but not resulting	in the under	fylng ceuse give	en in Pert i.	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
N: MED							1 □ YES	2 NO	OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			8. PLACE OF DEAT	TH (Check only	one)		
HYSI	1 VES 2 NO 27. MANNER OF DEATH		ER/Outpetient 3 DOA		Home 5 - Reside				
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Da		JURY	WORK?		DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 8 Could not be determined	28a. PLACE OF	F INJURY — At home, farm, a atc. (Specify)	street, factory,	office	281. LC	OCATION (Street lifty or Town, State)	and Number or F	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	SICIAN: To the best of r	my knowledge, dasth occurre ramination and/or investigation	ed at the time, on, in my opinic	date and place, an	d due to the c	tause(a) and ma	nner as stated.	suse(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	m			29c. LICENS		07	29d, DATE SI	GNED (Month, Day, Year)
	DR. GRASSO		E OF DEATH (ITEM 27) (Type, CARROLL ST		SBURY				
	31. FEB 1 1 1992	Lulia Davido	CARROLL ST BY SIGNATURE	1			~-		

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SUCCES OF		notified
SUPE		99
January .		must
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
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BE COMPLETED BY PHYS

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27. MANNER OF OEATH

1. DECEDENT'S NAME (First, Middle, Li		DUBROKA PONT			2. DATE O	reg. No. F DEATH Uary DAY 1	3. TIME OF OEATH 7:32 P		
Frances M. 4. Social Security Number 5. SEX 6. AGE (In yrs. lest birthde					7				
215-16-9857	1 M 2XXF	75	YRS.	IF UNDER 1 YEAR		7. DATE OF	4-1916	a. BIRTH	PLACE (State or Foreign aryland
90. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Baltimore					OR LOCATION OF D	100000	Baltimore County		
				Y, TOWN OR LOC	sville				10d. INSIDE CITY LIMITS? 1 YES 2/1 NO
10. STREET AND NUMBER 6415 Martinique Rd.					21237		10g.	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, DIVE W	YES 2	NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	an, Puerto Rk	(Specify Yes or No- can, etc.)	14. RACI Blaci Spec	E — American Indian, k, White, atc. ////////////////////////////////////
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 9th grade	DUCATION ade completed) College (1-4 or 5+	(G life	ilve kind of a Do NOT us	usual occupa work done during se retired.)	most of working	Ba	lto. Cou Educati	nty Bo	pard
17. FATHER'S NAME (First, Mickelle, Lest) Milton Lubawski Lena						AME (First, Mi	ddle, Melden Surnem	ne)	
19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route I								Zip Code) 21237	
20s. METHOD OF DISPOSITION 1 (X Burial 2 Cremetion 3 F 4 Donation 8 Other (Specify)	emoval from State			of disposition		12-92	20c. LOCATION		
21. SIGNATURE OF FUNERAL SERVICE	Duperal	Stom	5	22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7401 Relair Rd Balto Md 21236					
IMMEDIATE CAUSE (Final	or complications that re. Liet only one caus	ceused the de se on sech line	eth. Do r	not anter the r	node of dying, au-	ch ee cerdia	c or respiratory	arrest,	Approximate Interval Between Onset end Deeth
disease or condition resulting in death)	a. Cava	OR AS A CONSE	0.11	15+					minutes
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	- acthe	OR AS A CONSE	ero	sen					years
that initiated events resulting in dasth) LAST	d	OR AS A CONSE	OUENCE O	F):					
PART II. Other aignificent conditions	iona contributing to	death but not i	reeuiting i	in the underly	ing ceuse given in	Pert I. 2	24a. WAS AN AUTOP PERFORMED?	SY 24b	WERE AUTOPSY FINDINGS

2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. examination end/or investigation, in my opinion, death occured at the time, date end place, end due

28b. TIME OF INJURY

296. SIGNATURE ANO TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

1 YES 2 NO

040185

28d. DESCRIBE HOW INJURY OCCURED

Û colon WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28e. OATE OF INJURY (Month, Day, Year)

MichaelSolon 31. DATE FILED (Month, Day, Year) 9512 Harford Rd. Balto., Md. Suite 201 (882-0600)

32. REGISTRAR'S SIGNATURE
1992 Julia Davidson-Rondale 12 FFR

10

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	ie 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtat-transit on the filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	rector, page 5 should be detached for use as the burial-transit i
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1 - DECEDENT'S NAME (First, Middle, Last)

1 - DECEDENT'S NAME (First, Middle, Last)

_	TIEGIOTIONI				-11111	IUAII	- 01	DEA	111	HEG. NO).		
	1. DECEDENT'S NAME (First									2. DATE OF DEATH	AM		3. TIME OF DEATH
	Thomas Ca	rroll	DIX Jr.							02" 08 "	1 992	YEAR	11:05 p w
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDE		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
	215-09-9321		%(X M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	12-8-19	13	Country	Maryland
	Sa. FACILITY NAME (If not in	nstitution, give a	street and number)			96. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH	
DIRECTOR	Frankli	n Saua	re Hospi	tal		Rossville Baltimore					ore		
ן ק	Franklin Square Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. COUNTY 100. COUNTY				_								
					10c, CIT	Y, TOWN							10d. INSIDE CITY LIMITS?
	Maryland		imore				0ver						1 YES 2 NO
ਡ਼	10a. STREET AND NUMBER						10	ZIP COD			10g. CITI		HAT COUNTRY?
FUNERAL	210 Lynda	Te Ave						212				USA	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED					IIC ORIGIN? (Specify Yen, Puarto Rican, stc.)	a or No—	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Dive	orced	IF YES, GIVE V	WAR OR DATES T				2 NO				Specify	
	15 DEC	EDENT'S EDU	CATION	100 DE	CEDENT'S	HOUALO	COLIDATI			I an ama as as			White
	(Specify on	ly highest grade	completed)	(G	ive kind of Do NOT u	work done	during mo	on st of worki	ng	16b. KIND OF BL	SINESS/IND	USTRY	
7	Elementary/Secondary (College (1-4 or 5	+)									
COMPLETED	17. FATHER'S NAME (First, M				Truc	<u>kDri</u>	ver	10 1007	HEDIC NA	ME (First, Middle, Maider	unpape	er	
	Thomas		C							Fistek	Surname)		
8	19a. INFORMANT'S NAME (. Sr.	100	h MAILING	ADDRES	© /Otmal s		nes	Poute Number, City or Tox	Ot-1- 71-	0.4.1	
2	Irma F.	A LONG TO SERVICE AND A SERVIC											
	20a. METHOD OF DISPOSIT			000 01 1 05					Aven	ue Balto.			
	- In Buriel 2 € Cremetic	on 3 🗆 Ram	ioval from Stata	cemetery, cre	matory or o	ther place)			0.4		CATION —		
	21. SIGNATURE OF FUNERA		CENSEE	Metro	Cro	mato	NAME A	nc.	SS OF FA	10/92 Ba	altimo	ore.	Md.
						44.)	ADDITE	33 OF FA	1 /1			- 0
	1-02550	alu (H R	L leun		1	Las	salv	1-	need to	u 7	401	Below R.
CERTIFICATION	disease or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	diate iNG iry	b. DUE TO	Onary em (OR AS A CONSECTION A	DUENCE O	e P	Proy	lat					Hown
3			d										1
	PART II. Other aignifica	nt condition	a contributing to	death but not r	resulting	in the ur	deriyin	g couse	given in	Part I, 24a. WAS AP			WERE AUTOPSY FINDINGS
MEDICAL										1 TYES			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 TES 2 NO
z	SI SI CI.												
S I	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF D	EATH (Che	ock only one)			
2	1 TES 2 NO		HOSPITAL:	XER/Outpatient 3	□ DOA	OTHER		. S.DR	raidença	8 Other (Specify)			
BY PHYSICIAN:		Pending Investigation	28a. DATE OF (Month, D		28b. TIM	E OF JURY M	_	URY AT	NO	28d. DESCRIBE HOW	INJURY OCC	CURED	
	3 Suicide 6	Could not be determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	ma, tarm,	atreet, fact	lory, offic			28f. LOCATION (Street City or Town, State	and Number	or Rural Ro	oute Number,
COMPLETED										to the cause(s) and ma			and manner as stated.
O BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	1/L	MD				29c. LIC	ENSE NUM	8 (Md)	29d. DATI	E SIGNED	(Month, Day, Year)
=	Jose Ardi						alvd	Ral	time	ore MD 212	24 St	uite	404
	31. DATE FILED (Month, Day,			R'S SIGNATURE				bul	O TINC	TO THE ETC	L-1		
		FEB 1		Julia Sa	ridson	Rand	100	Ш.		4			

ner perm. Pages 1, 2, 3 should

	FOR 1 - STATE	STATE OF MARYLAN	D / DEPARTM	ENT OF HEALTH AND	MENTAL HYGIEN	92 18	03783		
	1. DECEOENT'S NAME (First, Middle, Lest)	DAV	CERTIFICA	ATE OF DEATH	2. DATE OF DEATH MONTH	AY YEA			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y		JNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	18. BI	RTNPLACE (State or Foreign		
	224-01-7853	1 - M 2 D F	77 YRS. MON	THE DAYS HOURS MIN.	FEb. 17, 19	Co	Virginia		
_	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DE								
5	Surburban Hospital Bethesda Montgomery								
DIRECTOR	10a, STATE 10b, COUNTY	ltimore	10c. CITY, TO	WN OR LOCATION ESSEX	IVG. IIIVIDE				
1	10e. STREET AND NUMBER			101, ZIP CODE		100 CITIZEN C	1 VES X NO		
FUNERAL	3 Avenal Road			2122	1	log. Grizen C	USa		
2	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U.	S. ARMED	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Ye	a or No 14. R	ACE - American Indian.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	Married 2 Married FORCES? 1 YES 2 NO			can, Puarlo Rican, atc.)	B	white White		
TED	15. DECEDENT'S EDUCA (Specify only highest grade c	ATION 16 ompleted)	. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTR			
Ę	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT usa reti	red.)					
COMPLET	17. FATNER'S NAME (First, Middle, Last)	2yrs.	Packag			sskay			
		eed			IAME (First, Middle, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	eeu	Last MANING AND	RESS (Street and Number or Puri	anda Hagy		=		
임	Jerry Day			oston Street					
	20a. METNOD OF DISPOSITION	20b. PL	ACE ANODATE OF DE	SPOSITION (Name of	DATE 20c 10	CATION CIty o	Town State		
	X□ Buriel 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	rel from State cemeter	y, crematory or other p	Faith Cemete	rv 2/10/92	Rossvi	lle Md		
	Removal from Stata Cremation 3 Removal from Stata Completely, cramatory or other place Cardens of Faith Cemetery 2/10/92 Rossville Md. Cardens of Faith Cemetery								
	Connelly Funeral Home 300MAceAve. 21221								
i i	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such sa cardiac or respiratory streat, shock, or heartyfallure. List only one ceuse on each line. Approximate interval Between								
i	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Vertically Ethellature Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Description of the consequence of the consequen								
		DUE TO (OR AS A CO	NSEQUENCE OF):	T X	1 4				
8	Sequentisity list conditions, b.	DUE TO (OR AS A CO	y cu	ung Dr	eace-		year		
E I	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	MINGUENCE OF)	/					
ERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEOUENCE OF):						
듄	reaulting in death) LAST						1		
2	DADT ii Other elevitieset conditions								
[종	PART II. Other significent conditions	It ruch	not resulting in th	e underlying ceuse given i	n Part I. 24a, WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICA	- wince	No force	no re	mayo	1 TES 2	B-460	OF DEATH?		
≥							1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00 Pt 100 00 00 00 00 00 00 00 00 00 00 00 00					
	EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C					
¥	27. MANNEB OF DEATN	28a. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 Residence 28c. INJURY AT	6 Li Other (Specify) 28d. DESCRIBE NOW I	N III DV OCCUPED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK? M 1 YES 2 NO	200. 02.00.00	WOW! OCCORED			
8	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — I building, etc. (Specify)	At home, tarm, street,	factory, office	28t. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,		
9	29a, CERTIFIER	40.7.0.1							
COMPLET	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge On the basis of examination an	e, death occurred at d/or investigation, in	the time, data and place, and do my opinion, death occured at th	sa to the cause(a) and ma se time, data and placa, ar	nner as stated. Id dus to the caus	e(a) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		,	29c. LICENSE N			ED (Month, Day, Year)		
TO B	NAME AND ADDRESS OF PERSON WHO	come execute	ules	000	5959		192		

HLODON

DEATH (ITEM 27) (Type, Print)

NO: 8808

FEB 12 1992 32. REGISTRAR'S SIGNATURE ANG

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the rest after death. Page 6 may be retained by the hospital in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2/24	201	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
		s. lest birthday) IF U	MDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTIN	92 8:15#				
	212-42-4921000	16 YRS. MONT		(Month, Day, Year)	8. BIRTNPLACE (State or Foreign Country) Mary ama				
	Sa. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF DEA		COUNTY OF DEATH				
DIRECTOR	Mercy Medical Ctr.		Baltimor	e					
E E	10a. STATE 10b. COUNTY	10c. CITY, TOV	WN OR LOCATION		10d. INSIDE CITY				
	MDi	B	altimore		1 YES 2 NO				
FUNERAL	410 E. 28th Street		21218	10g	10g. CITIZEN OF WHAT COUNTRY?				
		Pho	13. WAS DECENDENT OF HISPANI It yes, specify Cuben, Mexicon	C ORIGIN? (Specify Yea or N. Puerto Rican, etc.)	o— 14. RACE — American Indien, Black, While, etc.				
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 Tes 2 (VNO Specify:		Specify: Black				
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BUSINES					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)		Keeping	Universi	ity Hospital				
ш	17. FATHER'S NAME (First, Middle, Last) HOWARA Eley JR.		IN MOTHER'S NAM	E (First, Middle, Meiden Sume	me)				
TO B	Floria Holmes	196. MAILING ADDR	28th St.		te, Z(p Code)				
	20e. METNOD OF DISPOSITION 1 Burlai 2 Cregnation 3 Removal from State cemetery Completely	CE AND DATE OF DIS	POSITION (Name of	10- 1	ON — City or Town, Stata (QWN) MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FAC		10.111				
	I surever & bede		KALLUNDRALS	Price 17211	J. MONRUE ST.				
	PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each	daath. Do not er	nter the mode of dying, such	as cardiac or respirator	y arrest, Approximats				
	IMMEDIATE CAUSE (Final disease or condition resulting in desth) s. Acute My acondition Disease or condition s. Acute My acondition of the con								
N	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions D. Premone Report.								
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERILYING								
SE	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CON	SEQUENCE OF:	n discorri						
CERTIFICATION	reaulting in death) LAST	· 6							
	PART II. Other algnificant conditions contributing to death but no	ot reaulting in tha	underlying cause given in P	art I. 24a. WAS AN AUTO					
EDICAL	•			PERFORMED?	COMPLETION DE CALIER				
ME					1 YES 2 NO				
Ä									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTH	26. PLACE OF DEATH (Chec	k only one)					
14S	1 YES 2 MO Inpetient 2 ER/Outpetien 27. MANNER OF DEATN 28e. DATE OF INJURY		Nursing Nome 5 - Raaldenca 6						
BY PI	Natural 5 Pending (Month. Day, Year) 2 Accident Investigation	INJURY N	28c, INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY	OCCURED				
	3 Suicide 8 Could not be 4 Homicide determined	t home, larm, street,	factory, offica	281. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,				
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exemination end	, death occurred at ti l/or investigation, in n	he time, date end piece, end due to ny opinion, death occured at the ti	the cause(a) and menner at me, date end place, and dua	a stated. to Iha cause(a) and manner ea stated.				
BE	296. SIGNATURE ANDITITLE OF CENTIFIER	Mesd	29c. LICENSE NUMB	ER 29d.	DATE SIGNED (Month, Day, Year)				
2	All care al	TIEM 27) (Type, Print)	101 0	A . /	45/92				
	31. DATE FILED (Month, Day, Year) 32. (FEGISTRADAS SIGNATUR		ul Place R	w, Mel	51505				
	FEB 1 2 1992 Julia Sandan	Andelle							



REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH 3. TIME OF DEATH 2-1-1992 WALTER FDFR CHRISTIAN 12:30P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreig 215 01 6048 1 Q M 2 G F MARYL AND 5-9-1916 attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ntal Hygiene prior to burial, cremation, or removal. 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH 405 FLYING POINT ROAD BY FUNERAL DIRECTOR EDGEWOOD HARFORD COUNTY 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND HARFORD COUNTY EDGEWOOD 1 YES 2 NO 10e. STREET AND NUMBER 10t, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FLYING POINT ROAD 21040 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.) - American Indian, White, etc. 1 Never Married 2 Married It yes, specify Cuben, Mexican, P 1 YES 2 NO Specify: YES WAR OR DATES 3 Wildowed 4 Divorced WHITE YES NO COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 10 RETIRED MACHINEST CONTINENTIAL CAN CO once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surns FDER te ADOLPH BE **FLORA** BARTULIS notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FLAINE C TRAWINSKI FLYING POINT ROAD EDGEWOOD, pe 20b. PLACE AND DATE OF DISPOSITION (Name of must 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SETVICE LICENSEE RONALD WADE, DIR 22. NAME AND ADDRESS OF FACILITY BALTIMORE ST, BALTO, MD 21201 655 W. medicai 23 PART I. Enter/the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or haert failure. List only one cause on each line. 0 Intervei Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition CANDIO VASaular disense Athoroschentic within reaulting in desth) traumatic event. DUE TO (OR AS A CONSEQUENCE OF) executed CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): 2 cause. Enter UNDERLYING CAUSE (Disease or injury y the attending phy: of Mental Hygiene p injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? een signed by the 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Item 23 shows any 1 YES 2 NO has been 1 | YES 2 | NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL this certificate had with the State D 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 TYES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 0 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28 is marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO THE HOSPITAL OR ATTENDING IN THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ED 6 Could not be 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🔲 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO be filed within 72 hours at IMPORTANT: If Item 21 COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 296. SIONATURE AND TITLE OF CERTIFIEF 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) vasi 15871 92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SCOTT ADAM ROAD, COCKEYSVILLE, MD 1992 32. REGISTRAR'S SIGNATURE whia Davidson-Randell DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SEKHSARIA

1992

	FOR 1 STATE	STATE OF A	MARYLAND / [)EPAF	RTMENT OF H	EALTH	AND	MENTAL H	IYGIEN	9, E	2	03786	
	REGISTRAR		CEI	RTIF	ICATE OF	DEAT	ГН		EG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF (DEATH DA	.v	YEAR	3. TIME OF DEATH	
	Cherelle	27	El€	БĀ				FEB	Ĩ		1992	1:35A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	MONTHS DAVE MOURS MIN			7. DATE OF BIRTH 8. BIRT (Month, Day, Year) Coun			8, BIRTH	PLACE (State or Foreign		
	NEWBORN	1 M 2 F YRS. MONTHS DAYS HOURS MIN.		MIN.	1-3								
	9a. FACILITY NAME (If not institution, give str	reet and number)			96. CITY, TOWN C	TY, TOWN OR LOCATION OF DE						MARYLAND Y OF GEATH	
H C	Union Memorial Ho		Baltime	ore (City			N	IA				
5	RESIDENCE OF DECEDENT		_							14	IA .		
DIRECTOR	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	ION						10d. INSIDE CITY	
	MARYLAND	NA		R	ALTIMORE							LIMITS?	
AL	10e. STREET AND NUMBER			1.00		ZIP COOL				10g. CITI	ZEN OF W	VHAT COUNTRY?	
E	401 E 25TH STRE	FT Ap	т 7F			-	2121	0			IISA		
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARME	EO	13. WAS DEC	ENGENT O	F HISPAI	NIC ORIGIN? (S	necify Ves	or No T		- American Indian	
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 NO		If yes, sp	2 NO	n, Mexica	n, Puarto Ricar	1, atc.)			- American Indian, k, White, atc.	
BY	3 Widowed 4 Divorced		AN ON DATES		I TES	2 [] NO	Specin	у:			Speci	BLACK	
	15. OECEOENT'S EOUC	ATION	16a. OECE	DENT'S	USUAL OCCUPATION	N N		16b, KIN	D OF BUS	SINESS/INC	USTRY	DLACK	
ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	(ille D	kind of NOT u	work done during mo se retired.)	st of workin	g						
립	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0011090 (1-0 01 0 1	'										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16 MOTE	IFR'S NA	ME (First, Middl	in Mairian	Suma mal			
EC	ULYSSES	ELEY								Gurramay			
m	19a. INFORMANT'S NAME (Type/Print)		105 1	MAILING	AOORESS (Street a	J.F	ANDR	A JOHNS	SON				
2	SANDRA JOHNSON		/10	71 [21210	
	20a. METHOO OF DISPOSITION		1-1-1	T [ZDIH 3	C. AF	/ /		LIMO		ALTO		
	1 Burial 2 Cremation 3 Ramo	val from State	cemetery, crema		OF OISPOSITION (Na other place)	me of		DATE	20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)												
	IL SIGNATURE OF PUNERAL SERVICE LICE	RONAL	D WADE, I)IR	22. NAME AN	O AODRES	S OF FA	CILITY S	TATE	ANAT	OMY	BOARD	
1	Small [1]	1 Mill	- 2/7/0		655 1	ı D.							
	23/PART I. Enter the diseeses, or co	omplications that	caused the deet	h. Do i	not anter the mo	de of dvi	ng, auc	MORE ST	or read	ALTO,	Y VIII	Approximata	
+	anock, or heart tellure. L	let only one ceu	ea on aech line.			,				and and		Intervel Batweer	
	IMMEDIATE CAUSE (Final disease or condition	Carr	0. 0.	0.0	· La Las	u	-18	800	L			Oneat and Death	
	reaulting in death)	. CON	der Ke	1	1/21/02	1	α	ves					
		002 10	(OR AS A CONSECU	P A	, L	· 1		77 .	1	. `	١		
CERTIFICATION	Sequentielly liet conditions, b	. OUE TO	OR AS A CONSEQUE		rema hu	511	1	as h	re	rs,	1		
F	It any, leading to immediate cause. Enter UNDERLYING		10 20	P	, , , , , , , , , , , , , , , , , , ,	0	17	1 00	C .	0.	10 0		
윤	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEQUE	ENCE O	Shive	y.	(1)	reoj	on	helle	, ne		
Ē	that initiated events reaulting in death) LAST	502 10	(on no n conscool	LIVEL O	·).				V			i	
9	d												
- 11	PART II. Other eignificent conditions	contributing to	deeth but not res	ulting	in the underlying	ceuse g	iven in	Pert I. 24a	. WAS AN	AUTOPSY	246.	WERE AUTOPSY FINDINGS	
<u>2</u> ∥								4	FERFOR	MEUr	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
				-		1 TYES 2 1 NO				OF DEATH?			
Σ.								- 1				1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				-								
ᅙ	EXAMINER?	HOSPITAL:	200		OTHER:	ACE OF DE	ATH (Ch	eck only one)				,	
PHYSICIAN: MEDICAL			ER/Outpatient 3		4 - Nursing Home		sidenca	6 COther (Spi	ecity)				
ᆲ	1 Netural 5 Pending	ER OF OEATH 28s. OATE OF INJURY (Month Day Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCUREO											
à	2 Accident investigation					ES 2 _	NO NO						
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE Of building,	F INJURY — At home etc. (Specify)	, ferm,	atreel, factory, office			26f. LOCATION	N (Street a	nd Number	or Rural R	oute Number,	
COMPLETED	Tomiciae determined							18.5					
2	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, death	occurr	ed at the time, data	and place,	and dua	to the cause(a)	and man	ner as atate	ed.		
8	one) 2 MEDICAL EXAMINER											and manner as stated	
	29b, SIGNATURE AND TITLE OF CERTIFIER												
H	V 80.11.25	Maril.	e Mn			29c. LICE	NSE NUM	437-	7	29d. DATE	SIGNEO	(Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED ONLY	E DE OFITH TTO		0/-4	12.2	181	インサー)		121	01/72	
- 1		COMPLETED CAUS	E OF CEATH (ITEM 2	(1) (Type,	, PTINE)								

MEMORIAL HOSP

(INI)N

32. REGISTRAR'S SIGNATURE a Daydon-Randall

Mr

BALTIMORE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

92-680-510 FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) NOAH		ISHER		2. DATE OF		YEAR	3. TIME OF D	EATH	
					02	10 1	992	8:50	a M	
	214-16-8619 ¹☑M2□F		HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	ny. Yber)	8, BIRTI Count	HPLACE (State of ty) MD	r Foreign	
R	9s. FACILITY NAME (If not institution, give etreet end number) 140 MONASTERY AVE		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 96. COUNTY OF DEATH							
210	RESIDENCE OF DECEDENT									
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									
	MD		BALTIM	ORE CITY	7			1 X YES 2	□ NO	
3AL	10e. STREET AND NUMBER		101.	ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY	7	
NE	140 NORTH MONASTERY AVENUE			21229			IISA			
BE COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried 1 Never Merried		13. WAS DECI	ENDENT OF HISPA	NIC ORIGIN? (S	pecify Yes or No-		E — American in k, White, etc.	ndlen,	
	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	ATES		2 NO Speci		,,	Spec	ity:		
	15. DECEDENT'S EDUCATION	18e. DECEDENT'S US	UAL OCCUPATIO	N	165 105	D OF BUSINESS/IN		NEGRO		
	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos	it of working	100. Kin	D OF BOSINESS/IN	DUSTRY			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middl	e, Melden Surname)				
	HENRY FISHER				HER FI					
2	19e. INFORMANT'S NAME (Type/Print)					City or Town, State, Z.				
	CAROL FISHER	140 N	. MONA	STERY AV	Æ, BAL	TO, MD.	2122	9		
	1 22 Burier 2 Cremation 3 Removal from State cen	PLACE ANO DATE OF D	place)	ne of	DATE	20c. LOCATION -	City or To	wn, State		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ARBUTUS ME		D ADDRESS OF FA		BALTO C	CUNT	Y, MD	10	
	Moseph - Russ		JOSE	PH L. RU	JSS FUN	ERAL HOM		07076		
	23. PART I. Enter the diseasea, Dr complications that caused		2222	VEST NOF	KIH AVE	, BALTO,	MD	21216		
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF): CONSEQUENCE OF):	os eleio	ic do	TH COVERS	war D	scar			
	DART II ON									
EDICAL	PART II. Other significant conditions contributing to death b		he underlying	ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	Parkinson Disease							1 YES 2 NO		
Ž	25. WAS CASE REFERRED TO MEDICAL		26. PL/	CE OF DEATH (Ch	eck only one)					
Sic	EXAMINER? 1 N YES 2 NO	atlent 3 DOA 4	THED.			and the				
BY PHYSICIAN:	1 N YES 2 NO 1 Inpetiant 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 N Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED WORK?									
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, stc. (Spec	— At home, ferm, stree	t, tectory, office		281. LOCATION	N (Street and Number wn, State)	r or Rural R	loute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowld one) 2 MEDICAL EXAMINER: On the basis of examination	edge, death occurred at a and/or investigation, in	the time, date of my opinion, de	and place, end due	to the cause(s	and manner es sta	ted.) end mennsr ed	stated.	
B	29b. SIGNATURE AND TITLE OF CERTIFIER	tem		O.C.M.				(Month, Day, Yea	r)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	()			RE, MARY			1	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN.	TURE	TAM	DA. DA.	T T T T T T T T T T T T T T T T T T T	, HARI	LI A. IV I.	2120	1	
- 18	FEB 12 1992 Julia Davidse	n-Randelle								



1 1 1 1		
TO BE COMPLETED		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
notified at once.	examiner must be	IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
S SYLVIN DE DEGLISED IOI DOSE AS	d.	ID INC FUNETALL DIRECTOR, After this certificate lies been symbol by the authoring presonal and completely made in by the funeral united by the second of health and Mental Hygiene prior to burial, cremation, or removal.
e retained by the hospital or attendi	death. Page 6 may b	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends

FOR Items: 2 1 - STATE REGISTRAR			TIFICATE				G. NO.					
1. DECEDENT'S NAME (First, Middle, Last	_	TO	IINDADO		2.	DATE OF DE	DAY 04	199	3. TIME OF OE.			
Francesco 4. SOCIAL SECURITY NUMBER	T.	FUNDARO 8. AGE (In yrs. Inst birthday) IF UNDER 1 YEA			0 2 IN IF UNDER 24 HRS. 7. DATE OF BIRT				BIRTHPLACE (State or	č		
217-60-0037 90. FACILITY NAME (If not institution, give	1 💢 M 2 🗆 F	72 YRS. MONTHS		AYS HOURS MIN. (M		Month, Day, Year) 1/18/1919		S icily				
					ATH Bc. COUNTY OF DEATH							
BON SECOUR HO	SPITAL		DAL	BALTIMORE						_		
Maryland 106. coun	10	10c. CITY, TOWN OR LOCATION Baltimore City					10d. INSIDE CITY LIMITS? 1 XYES 2 \(\text{NO} \) NO					
10e. STREET AND NUMBER				10t, ZIP CODE				10g. CITIZE	N OF WHAT COUNTRY			
102 N. Paca St				21201				Sicil	ly			
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If y	AS DECENDENT OF YOR, SPECIFY CUBEN	, Mexican, P	ORIGIN? (Spe uerto Rican,	atc.)	or No— 14	Black, White, etc. Specify: White	dien,		
15. DECEOENT'S Et (Specify only highest gra Etementary/Secondary (0-12)	DUCATION de completed) Coffege (1-4 or 5 +)	(Give A	DENT'S USUAL OCC kind of work done due NOT use retired.)	UPATION ring most of working	9	18b. KIND	OF BUSI	NESS/INDUS	TRY			
5			uck Driv	er			Tro	ucking	q			
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	First, Middle,	Maiden S	urneme)				
Michele Fund	aro				rianna			anga				
19a. INFORMANT'S NAME (Type/Print)			IAILING ADDRESS (
Giacomina L. Gu			Lisburr		Shre							
	moval from State	20b. PLACE AND	DATE OF DISPOSITI	ION (Name of		DATE						
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 4 Donettop 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Parkwood Cemetery 2/8/92 Parkville, MD												
21. BIGNATURE OF SUMERAL SERVICE ACCEMBEE 22. NAME AND ADDRESS OF FACILITY									e, MD			
Bryan W. 23. PART I. Enter the diseases, o shock, or heart fellun	Clary r complications that	coused the death	22. NA	ME AND ADDRES 0 W. Pa Timonium	adonia n, Ma	Roa rylan	d d	21093	it, Approxi	Betwe		
23. PART I. Enter the diseases, o shock, or heart fellur immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions,	r complications that b. List only one ceus a. Arter DUE TO (C	coursed the death to be no such line.	n. Do not enter the	ME AND ADDRES O W. Pa Fimonium The mode of dyle	s of Facili adonia n, Ma ng, auch e	ry a Roa rylan a cerdiac o	d d 2	21093 elory arres	it, Approxi	Betw		
Bryan W. 23. PART I. Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	r complications thete. List only one ceus a. Arter DUE TO (C	could the death	n. Do not enter the rotic conce or:	ME AND ADDRES O W. Pa Fimonium The mode of dyle	s of Facili adonia n, Ma ng, auch e	ry a Roa rylan a cerdiac o	d d 2	21093 elory arres	it, Approxi	Betw		
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Bran W 23. PART I. Enter the diseases, o shock, or heart fellum immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Inflated events resulting in death) LAST PART II. Other eignificant conditions.	clary r complications that b. List only one ceus a. Arter DUE TO (c) c. DUE TO (c) d.	Course the death in each line. CIOSCI EL OR AS A CONSEQUE DR AS A CONSEQUE DR AS A CONSEQUE death but not result	22. NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME AND ADDRES O W. Pa Fimonium no mode of dyla ardiov erlying couse gi	s of FACILIA	a Roarylan a cerdiac o	d d 2 pr reaptro	21093 story arrest	24b. WERE AUTOPSY AVAILABLE PRIO COMPLETION OF DEATH?	FINDI R TO		
23. PART I. Enter the diseases, o shock, or heart fellum immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitured events resulting in death) LAST PART II. Other eignificant conditions in the condition of the condit	Clary r complications that b. List only one ceus a. Arter DUE TO (C. DUE T	Coursed the death the but such line. CIOSCIEI OR AS A CONSEQUE OR AS A CONSEQUE DR AS A CONSEQUE death but not resu ER/Outpatient 3 🗆	22. NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME AND ADDRES O W. Pa Fimonium The mode of dyle andiov erlying couse gi	is of FACILIA adonia n, Ma n, Ma ng, such et a SCU liven in Per	a Roarylan a cerdiac o lar c ti. 24a 14	d d Z	21093 story arrest	24b. WERE AUTOPSY AWAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2	FINDI F CAU		
23. PART I. Enter the diseases, o shock, or heart fellun immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions in the condition of the condit	Clary r complications that b. List only one ceus Arter DUE TO (c) b. DUE TO (c) c. DUE TO (c) d. DUE TO (c) HOSPITAL: 1 Inperient 2 X 28e. DATE OF 16 (Month, Day)	Coursed the death the but such line. CIOSCIEI OR AS A CONSEQUE OR AS A CONSEQUE DR AS A CONSEQUE death but not resu ER/Outpatient 3 🗆	22. NA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME AND ADDRES O W. Pa Fimonium The mode of dylin ardiov ardiov 26. PLACE OF GE 19 Home 6 Res 10 Home 7 T 10 YES 2	adonia m, Ma m, Ma ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu ascu	a Roarylan a cerdiac o lar (ti. 24a. 1) only one) Other (Spec	d id is experience of the control of	21093 story arrest acceptage a	24b. WERE AUTOPSY AWAILABLE PRIO COMPLETION OI OF DEATH? 1 YES 2	FINDING TO		
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23. PART I. Enter the diseases, o shock, or heart fellum immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant conditions in the condition of the condit	Clary r complications that b. List only one ceus Arter DUE TO (C. DUE TO (Crused the death se in each line. PIOSCI E1 OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE ER/Outpetlent 3 INJURY 21 INJURY At home, nc. (Specify) my knowledge, deeth	22. NA 1 7 n. Do not enter the control of the co	AME AND ADDRES O W. Pa Fimonium ne mode of dylir ardiov a	es of FACILIA adonia m, Ma m, Ma ng, such er a SCU elven in Per EATH (Check is sidence 6 = 28	a Roarylan a cerdiac o l ar (ti. 24a. 1 l only one) Other (Spec Riber f. LOCATION City or Tow.	didiser reaptro	21093 elory arrest a Se LUTOPSY AED7 NO JURY OCCUF and Number or the electric due to the c	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF DEATH? 1 YES 2	FINDI R TO CAUSE NO.		



D, BALTIMORE, MARYLAND 21215-0020	ithin 24 iours after death. Page 6 may be retained by the hospital or attending phys	etely filled in by the funeral director, page 5 should be detached for use as the buri smation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physicial	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-te filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPART ERTIFI	IMENT (OF HEAI	TH AND	MENT	AL HYGIEN	IE	2	03789	
	1. DECEDENT'S NAME (First, Middle, Last) DEZMOND FOYLI	ES						2. DAT MON 0.2		MY 19	YEAR	3. тіме оғ реатн 7:30 а.т.	
	4. SOCIAL SECURITY NUMBER 218-31-7349	5. SEX 1 M 2 F	8. AGE (In yrs. les		5			7. DATE OF BIRTH (Month, Day, Year) 3-4-1991			6. BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL PRESIDENCE OF DECEDENT					9b. CITY, TOWN OR LOCATION OF DEATH 9c. C					COUNTY OF DEATH BALTIMORE		
L DIRECTOR	100. STATE 10b. COUNT	Y		LTIMO	ORE						10d. INSIDE CITY V. LIMITS? 1 YES 2 NO		
FUNERAL	2558 BARNESLEY		T EVER IN I C AR	MCD	1		1207			US	A	HAT COUNTRY?	
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2 () N AR OR DATES	(O	If y	S DECENOE es, specify YES 2	Cuben, Maxk	can, Puert	IN? (Specify Ye Rican, etc.)	s or No-	4. RACE Black, Specify	- American Indian, White, atc. BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEOENT'S L ive kind of w Do NOT use	JSUAL OCCI ork done duri retired.)	UPATION ing most of v	vorking	10	b. KIND OF BU	SINESS/INDU	STRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) EDWARD FOYLES						ROSAL	IND H					
5	19a. INFORMANT'S NAME (Type/Print) ROSALIND HILL			2558	BARNE	SLEY	PLACE	BAL	TO. ME	vn, State, Zip () 212			
W 0	20a METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 2 Oct. LOCATION — City or Town, State 2 13 - 92 BALTO. MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE. BALTO. MD 21215									MD 21215			
	23. PART I. Enter the diseases, or shock, or that fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ona cat	t caused the de se on each line						£	iratory srre	at,	Approximata interval Betwee Onset and Dear	
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· BPD	(OR AS A CONSEC									Tyr.	
MEDICAL	PART II. Other significant condition	s contributing to	desth but not re	esulting in	the unde	rlying cau	se given le	n Part I.	24e. WAS AN PERFOI 1 TYES 2	RMEO?		WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? I YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO												
ву РНУ	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 7 A M 1 YES 2 NO.								28d. DESCRIBE HOW INJURY OCCURED				
ED	2 Accident investigation 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number of Rural Route Number, City on Rown, Stete) 28. LOCATION (Street and Number of Rural Route Number, City on Rown, Stete)												
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of R: On the basis of a	my knowledge, dec tamination and/or is	nth occurred	i at the time	, data and p	face, and du	e to the c	e and place, ar	nner se stated	l. cause(s)	and mennar as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIED		no			29c.	LICENSE NU	IMBER		29d. DATE :	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS PERSON WH CI WRAD J. CU 31. DATE FILED (Month, Day, Year)	eners	SE OF GEATH (ITEM	JOHA	Print) 15 (V)	PKIN	HO	Sf.	BALTI	MORE	MD	2148	

BALTIMORE, MARYLAND 21215-0020	24 rours after death. Page 6 may be retained by the hospital or menting physical	filled in by the funeral director, page 5 should be detached for use as the hurla-three-e- on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending pure	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for uses the burial transfer of the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN		ENT OF HEAL		MENTAL HYGI		. 03/90
	1. DECEDENT'S NAME (First, Middle, Lust)	E F	INK			2. DATE OF DEAT MONTH		3. TIME OF DEATH 2:407M
	1 2 3 1	M 2 XF	7 YRS. MON	THE DAYS HOU		7. DATE OF BIRTH (Month, Day, You	5/04	BIRTHPLACE (State or Epreign Country) MARYLAND
CTOR	9a. FACILITY NAME (If not institution, give street a	SPITAL	96.	GALT	IM6		9c. COUNT	Y OF DEATH
DIRECTOR	100. STATE 106. COUNTY MARYLAND			WN OR LOCATION ALTIMORE				10d. INSIDE CITY LIMITS? 1 A YES 2 NO
FUNERAL	100. STREET AND NUMBER 6503 PARK HEIGHTS A	treet and number 503 PARK HEIGHTS AVE., APT. 1-1			21215		10g. CITIZE	N OF WHAT COUNTRY? USA
8	11. MARITAL STATUS 1	MAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 FYES, GIVE WAR OR DATES	ABMED	13. WAS DECENDED If yes, specify (1 YES 2 2	Cuban, Maxica	NIC ORIOIN? (Specifi in, Puerto Ricen, etc. y:	Yes or No.— 14	Black, White, etc. Specify: WHITE
COMPLETED	(Specify only highest grade comp						BUSINESS/INOUS	OT. STORE
BE COM	17. FATHER'S NAME (First, Middle, Last) MAX ARONSON		SALE	10. 1	DO	ME (First, Middle, Ma	iden Sumame) ELSON	
2	19a. INFORMANT'S NAME (Type/Print) MRS. ELAINE BAKER			FORD MII			Town, Stete, Zip Co	21208
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal fi 4 Denation 5 Other (Specify)		CE AND DATE OF DIS	SPOSITION (Name of	AMUNO)	2/9/92	BALTIN	y or Town, State MORE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			22. NAME AND AD SOL I	EVINS	ON & BRO	S, INC.	D., MD 21215
	23. PART I. Enter the disesses, or companded, or cent failure. List of IMMEDIATE CAUSE (Ehal disesse or condition resulting in death)	Ilicetions that caused the ship one cause on each out to (or as a con part of the ship of	HLURE	= ,				Interval Batween Onset and Death
CEHILICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A COR		of Men	MG			
WEDICAL	PART II. Other significant conditions cor	TYPILUR	ot resulting in the	e underlying cau	se given in	PEF	AN AUTOPSY IFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		SPITAL:		HER:	OF DEATH (Ch		INA	HOSP.
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 28c. INJURY A WORK?	ī	26d. DESCRIBE HO	W INJURY OCCUP	IED
IED BY		28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street,	, factory, office		261. LOCATION (Str City or Town, S		Rural Route Number,
COMPLEIED		To the best of my knowledge the basis of examination and						ause(e) and manner as stated.
O DE C	286. MANE AND TITLE OF CERTIFIER 28. NAME AND ADDRESS OF PERSON WHO COM	f. 40	136STA	7 F 29c.	LICENSE NUM	/BER	29d. DATE S	12/07/92
	UBR. M =	H - M H 32. REGISTRAR'S PIGNATUR	HIM 27) (Type, Print) HIMC	SUD, SI	NAT	HO8P.	BB	ct. mozpys
	1 -	992 Julier	avidoon-Aar	phable				

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director, page 5 should be detached for use as the buriel transit parent boxes 1 0 0 about	ore burial parimit. Fages 1, 2, 3 Should	
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id he detached for		of notified at once
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Frector.		id, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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THE	be filed	IMPO

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPA	RTMENT OF	HEALTH AND		E	2 03791		
	t. DECEDENT'S NAME (First, Middle, Last)		CENTI	FICALE OF	DEATH	REG. NO		3. TIME OF DEATH		
	ALTON C.	GROSS				MONTH 2	- 9			
	4. SOCIAL SECURITY NUMBER 579-40-4956	5. SEX	6. AGE (In yrs. last birthday 60 YRS.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-24-31	8.	BIRTHPLACE (State or Foreign Country)		
TOR HO	9a. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL BALTIMORE CITY 9c. COUNTY OF DEATH BALTIMORE CITY									
DIRECTOR		On STATE 106. COUNTY 100. CITY, TOWN OR LOCATION 1000								
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
NE	317 E. LAFAYETT	T	T EVER IN ILC ARMOR	1	21202			S.A.		
B	1 Never Merried 2 Married 3 Wildowed 4 Divorced Never Merried 2 Married Wildowed Divorced Never Marri					an, Puarto Rican, stc.)		RACE — American Indian, Black, White, atc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					16b, KIND OF BUS				
MPL	9th	ER			RUCTION CO.					
BE CC	17. FATHER'S NAME (First, Middle, Last) EDWARD GROSS 18. MOTHER'S NAME (First, Middle, Malden Surname) JANIE MEADE									
0	196. INFORMANT'S NAME (Type/Print) NELLIE GROSS 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 317 E. LAFAYETTE AVE./BALTIMORE, MD 21202									
	20a. METHOD OF DISPOSITION t M Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE AND DATE cemetery, cremetory or GARRISON	other place)				or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTEE	2	, 22. NAME /	ND ADDRESS OF FA	H./1101 E.		AVENUE		
	23. PART I. Enter the diseases, pr	complications that	caused the deeth. Do	npt enter the m	oda of dving, auc	h as cerdiac or respi	ratory arrest	Approximate		
	ehock, or heert feliure. List only one cause on each lina. iMMEDIATE CAUSE (Final disease or condition reculting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Betwee Onset and Death									
NO	Sequentielly list conditions, a war sening renal failure									
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury									
CERTIFICATION	that initiated events resulting in deeth) LAST	OUE TO	OR AS A CONSEQUENCE	OF):						
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. PERFORMED TO SET UP TO SET									
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 19-110	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	LACE OF DEATH (Ch	The state of the s				
РНУ	27. MANNER OF DEATH	28a. DATE OF (Month, Da	NJURY 286 TE	ME OF 28c. IN	OURY AT	28d. DESCRIBE HOW IN	JURY OCCURE	0		
BY	1 Netural 5 Pending 2 Accident Investigation			M 1[]	YES 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, e	INJURY — At home, ferm, 6c. /Specify)	arreet, factory, offic	•	28f. LOCATION (Street as City or Town, State)	nd Number or Re	urer Route Number		
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of s	ny knowledga, daeth occur	red at the time, date	and place, and due	to the cause(a) and man	ner as atated.			
30	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or investigati	on, in my opinion,	leath occured at the	time, data and place, and	due to the cau	use(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIES	7			29c. LICENSE NUM	IBER	29d. DATE SIG	NED (Month, Day, Year)		
10	Carol S. R	ams	cy _		11292	-12	▶ FL	6-9,1992		
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM 27) (Type	e, Print)				1		

FFR 1 2 1992 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Gr 199 VEAR 2 Rache 92 pun 4. SOCIAL SECURITY NUMBER 5. SFY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 240-82-8689 91 YRS 123 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Univ May FUNERAL DIRECTOR Baltmore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ba/tima mo Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 2309 Division 21217 USA after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black 8 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working) 15. OECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Towns Henry Green Ħ notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eva Green 2309 Division Street Balto., MD. 21217 9 20a. METNOD OF DISPOSITION
1 1 Buriel 2 Cremetion 3 Re
4 Donation 6 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of completely 2-12-92 Balto..MD. must filled in by the funeral director, on, or removal. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L.Phillips F/HBalto.,MD. 21217 tha #281 Lecto ou medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line interval Batween Onset and Daath has been signed by the attending physician and completely filled Dept. of Health and Mental Hygiene prior to burial, cremation, or n 23 shows any injury, or other traumatte event, the r **IMMEDIATE CAUSE (Final** disease or condition resulting in death) UROSEPSIS
DUE TO (OR AS A CONSEQUENCE OF): requires that the death certificate be executed within DIC CERTIFICATION Sequantially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Enter UNDERLYING GI bleed CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATN? Breast CA 1 TYES 2 NO Fib 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) Hem certificate to the State HOSPITAL: OTHER: 1 TYES 2 NO 1 Onpatient 2 ER/Outpatient 3 DOA ng Nome 5 - Residence 8 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 5 Pending 1-Natural 1 YES 2 NO BY After t 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .60 ETED 6 Could not be determined L DIRECTOR: A hours after d item 28 is 4 Homicide 29e. CERTIFIER (Check only one)

A SPICAL EXAMATE. On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. COMPL TO THE FUNERAL (
be filed within 72 h

IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 불북을 nlel utal 6 2 2 2 3

MD

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30. NAME ANO, AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FFB 1 2 1992

Caraba

lo

32 REGISTRAS'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1992

	1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	L. ROBERT ee	LYLES	GREENE	2. DATE OF DEATH MONTH DAY	YEAR 92	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 -30-9115		(last birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Country	MCE (State or Foreign
JR.	99. FACILITY NAME (If not institution, give Stella Maris		9b. (CITY, TOWN OR LOCATION OF TOWSON	DEATH 9	Baltimor	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CITY, TO	VN OR LOCATION		104	d. INSIDE CITY LIMITS?
L DIF	MARYLAND 10s. STREET AND NUMBER	NA NA		BAI -	TIMORF I .	1 [YES 2 NO
FUNERAL	14 WEST COLD SP		т 311	212	210	USA	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 7 YES 2 IF YES, GIVE WAR OR DATES 1051-	□NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Spe		No- 14. RACE — Black, Wi Specify:	American Indian, inite, atc.
COMPLETED	15. OECEOENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Give kind of work diffe. Do NOT use retir	one during most of working	16b. KIND OF BUSINI	ESS/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) LAVANDER MOSES	GREENE			NAME (First, Middle, Meiden Sur	name)	
TO B	194. INFORMANT'S NAME (Type/Prink) RUTH GREENE	Sister	196, MAILING ADD	RESS (Street and Number or Rur COLD SPRING		State, Zip Code) BALTO, MD	21210
	20a. METHOD OF DISPOSITION 1	moval from State of ceme	ACE ANO DATE OF otary, crematory or of	DISPOSITION (Name her place)	OATE 20c. LOCAT	TION — City or Town,	State
9	21. SIGNATURE OF FUNERAL SERVICE L	RONALD WADE 2/7	, DIR /92	22. NAME AND ADDRESS OF 655 W. BALTI	SIAIE		Board 01
2	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final	complications that caused the List only one cause on each	death. Do not a	ntar tha mode of dying, a		tory arrest,	Approximata interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CO)	NSEQUENCE OF):	munode	freency	001110	1
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A COL	NSEQUENCE OF):			2-	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):				
CAL	PART II. Other algnificant condition	one contributing to death but r	not reaulting in th	a underlying cause given	in Part I. 24a. WAS AN AU PERFORMI	ED? AM	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PHYSICIAN: MED						11	TYES 2 TO NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 DOA 4	26. PLACE OF DEATH (HER: Nursing Home 5 Realden		lospice	
/ PHY	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW INJ		
TED BY	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	28a, PLACE OF INJURY - A	At home, farm, street		281. LOCATION (Street and City or Town, State)	f Number or Rural Rout	te Number,
COMPLETED	enel .	/SICIAN: To the best of my knowledg					nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF	To alexan	derr	29c LICENSE	27087 2	29d. DATE SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF DEATH	/ITEM 27) (Type Prin	2)			700

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson, MD

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First, Middle Lees)	GIACOM						2-1	0 - 9	28	ME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-05-3642	1 M 2 🗆 F	NGE (In yrs. lest birth	RS. MONTHS		IF UNDER 2	MIN. (M	Ben Parth	57	New			
СТОВ	99. FACILITY NAME (If not institution, give s ST. OSEPH RESIDENCE OF DECEDENT	HOSPI,	AL	96. Cr	OV	1501	T (wson		of DEATH			
DIRE	MD Baltimore 10d. Name 1 10d.										INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 1404 Shefford Road 21239								US				
B	3 ☐ Wildowed 4 ☐ Divorced WW TT										hite		
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years							I. R		STRY			
E COMPL	I Perer Glacomo												
TO B	190. INFORMANT'S NAME (Type/Print) J. Paul Giacomo 190. MAILING ADDRESS (Street and Number or Rural Round 8540 Oakleigh Road								ore, l	MD 2	1234		
	1 M Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Moreland Mem. Park 2/11 Balti 21. SIGNATURE OF FUNERAL SERVICE LICENSEE							altimo					
	23. PART /. Enter the diseases, or	Dolan.			John 3521	son Loc	Funer h Rav	en Bl	vd.	2120			
ERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								CON OF	RE AUTOPSY FINDING LABLE PRIOR TO PPLETION OF CAUSE DEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Moutantlant 3 [OTH	ER:		ATH (Check onl						
2.	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Spec							V INJURY OCC	URED	BE HOW INJURY OCCURED		
	1 Natural 5 Pending 2 Accident Investigation												
TED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, (Specify)	farm, atreet, f	actory, offic	co				or Rural Route	Number,		
D BY	2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	28e. PLACE OF in building, etc.	(Specify) knowledge, death	occurred at th	e time, date	e end place,	end due to the	City or Town, Sta	nenner as state	d.			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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1	HEGISTIAN		OL.	HILL	CAIL	- Ur	DEA			REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH	
- 1	Bruce	Bruce J. GILL							MONTH DAY YEAR					
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les							February 7,1992 11:10				M
		1774			IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH ay, Year)		8. BIRTH	IPLACE (State or Foreign	חק
	213 32 4057	1 5€ M 2 □ F	58	58 YRS. AUG. 19 1933							32	MA	ANAMA	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY.	TOWN C	R LOCATION	ON OF DE		1	ec cou	NTY OF D	EATH	
Œ	Egnation Ca		1.0-		6)					30. 000		LAITI	
2	FUHDONIO 30	MAIO	HOSPIT	AL	- 1	105	DA	5			Ba'	ltim	re	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY													
<u>~</u>	CONTY			10c. CITY	TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
ā	MARYLAND HAR	FORD			100	PA							1 YES 2 NO	
# I	10e. STREET AND NUMBER	0			<u> </u>	101	ZIP CODE				100 CIT	ZEN OF N	VHAT COUNTRY?	
2	20101	~ 12.	0								iog. Gri	3 5	A COORTHY?	
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FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. V	MAS DEC	ENDENT O	F HISPAN	VIC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian, c, White, atc.	
	1 Never Married 2 Married	IF YES, GIVE W		U			2 10 NO	n, Maxica Specifi	n, Puarto Rica	n, atc.)				
B	3 Widowed 4 Divorced		- Comment				1	opecin	,			Speci	71.12	
	15. DECEDENT'S EDUC	ATION	16a DE	EDENT'S L	ISUAL OC	CHIDATIC	10.1		T 444 MI	10.05.0110		V	אוויז -	
E	(Specify only highest grade	completed)	(Gh	re kind of w	ork done a	luring mo	st of workin	g	16b, KII	ND OF BUS	INESS/IND	DUSTRY		
۱ ۳	Elementary/Secondary (0-12)	College (1-4 or 5 +) (""	Do NOT use	retired.)	^					^			
은	19762		ITA	RIS	775	HAR	2001	10		ESA	HA	Ks 1	ADILLAC	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Midd			4		
	10.50 (1)	11.7					F	5.	1	~		- 0		
8	5000 00-	UIL					- 1	AU	アリリア	LA	U	LZK		
2	190. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a	nd Number	or Rural I	Route Number,	City or Town	, State, Zip	Code)		
٦	LAMILY KIC	2090		7	Am	3	Qc 1	DA	OVS					
ı	20e. METHOD OF DISPOSITION	C ROLL	000 014051				113			1	-			
	DC Burial 2 Cremation 3 - Remo	val from State	20b. PLACE A cemelery, crer	natory or oth	ar place	TION /Na	me of		A-IO	20c. LO	CATION —	City or To	wn, Stata	
- 1	4 Donation 5 Other (Specify)		More			5M	iler	Y	92	Be	011	1 /A	RYLAND	i
- 1	21. SIGNATURE OF FORESAL SERVICE LICE	INSEE			22. 1	NAME AN	D ADDRES	S OF FA	CILITY	7-0	200	1		
- 1	▶ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(1			3	VAN	2 CH	ULU	LOF	1511	ORIS	2		
	North A	Norm.	h		18	80	OHO	ARE	orgo k	2000	-F	ORK	2/1/2/	
	23. PART I. Enter the diseases, pr co	omplicetions that	baused the dea	th. Do no	t anter	the mo	te of dyl	na suci	h se cerdiec	Dr. manie	oton, or	1414	Approximata	
	ahock, or heart fellure. L	ist only one cau	se on each line.							от тоори	ctory are	oot,	interval Between	еел
	IMMEDIATE CAUSE (Final												Onset and Da	
- 1	disease or condition resulting in death)	Acute	Myocard	ial 1	nfa	ncti	on							
í	Troubling in dealing	DUE TO	OR AS A CONSEO	UENCE OF	:	CLI	UII							-
2		6												
6 II	Sequentially list conditions,	Suprav	Ventricu	lar	Ammhi	1+ hm	i -							
	if any, leading to immediate	DUE TO	OR AS A CONSEO	UENCE OF)	arin	CIIII	IIa							
RTIFICATION	CAUSE (Disease or injury	HIZMI	ry Of Tvi	o Pre	2010	us M	yoca	rd i c	al Int	farct	ion		ļ	- 1
	that initiated eventa	DUE TO	OR AS A CONSEO	UENCE OF)	:									
= 1	resulting in death) LAST													
5 N														
	PART II. Other algnificent conditions	contributing to	death but not re	audelno in	the up	dorlulas		luca ta	Part I av			1		
DICAL		Commoding to	Geath Dat not re	outing in	the din	nerrying	ceuse g	Iven In	PHPT 1. 244	PERFORI		24b.	WERE AUTOPSY FINDIN	NGS
Ĭ Į										YES 2	V NO		COMPLETION OF CAUS	SE
									_ ''		*		OF DEATH?	
2									- 1			1	1 YES 2 NO	ı
Z														
SICIAN: P	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	ATH (Che	ock only one)					
<u>5</u>	1 YES 2 1 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3		OTHER		r 🗆 n-	140-	a 🗆 au 🗀	1411				
РНУ	27. MANNER OF DEATH	26a. DATE OF						ugence	6 Other (Sp					
١	1 Netural 5 Pending	(Month, De		28b. TIME INJU	RY	28c, INJU WOI			28d. DEŞCRI	BE HOW IN	JURY OCC	URED		
i a	2 Accident Investigation				M	1 🗌 Y	E\$ 2 [NO						
- 11	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hon	e, farm, st	reet, fecto	ry, office			28f. LOCATIO	N (Street ar	nd Number	or Burel B	oute Number	
ELED	4 Homicide dalarmined	building, o	etc. (Specify)					- 1	City or To	wn, State)				
<u>.</u>							_							
COMPL	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledga, daa	th occurred	at the tir	ne, date	and place.	and dua	to the cause/a) and man	or as state	nd		
Σ∥	one) 2 MEDICAL EXAMINER													.
3 1					, miling op	mon, de	atii occur	o at the	mre, cete and	piaca, and	one to lu	a cause(a)	and manner as stated	1.
N L	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	BER		29d, DATE	SIGNED	(Month, Day, Year)	
	10 Concerno.										> 2	1 1	1	1
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E OF DEATH STEEL	270 /5	Darland L						-	111	92	
	Gwenneth Cacino	MD OOO	OF DEATH (ITEM	21) (Type, F	TUR)			3	205					
	Gwenneth Cacino	11D. 300	o Franki	in 5	quar	e Di	^1 ve	212	237					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE							-				\dashv
- 11		A 10 10 10		70 4										- 1
M	EED 12 19	90 Stale	a Davidson	-hands	02									- 1
	FEB 12 19	92 gun	a Davidson	-gande	Mes .									

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BALTIMORE, MARYLAND 213

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR					MENTAL	L HYGIENI REG. NO.			
ļ,	1. DECEOENT'S NAME (First, Middle, Last)	ughors+						2. DATE MONTH	OF DEATH DA	′ 0	YEAR	TIME OF DEATH
- 27	4. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
		1 - M 2 1 F	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Your)	al	Country)	buoins
œ	9e. FACILITY NAME (If not institution, give stre	et and number) USING CON	20%	-		R LOCATI	ON OF DE	ATH	10 .10		TY OF DEA	
6	RESIDENCE OF DECEDENT	STONE CON	7-21				714			5712		
FUNERAL DIRECTOR	Maryland Bakt	imore	10c. CIT	Ros	seda.							Od. INSIDE CITY LIMITS? YES 2XX NO
AL	10a. STREET AND NUMBER				101	ZIP COO				10g. CITIZ		AT COUNTRY?
EH	8845 Pulaski Hig						237				USA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	S)(X)NO	- 1	If yes, sp		n, Mexicer	n, Puerto F	I? (Specify Yee Rican, etc.)	or No-		- American Indian, White, etc. White
8	15. DECEOENT'S EDUCA (Specify only highest grade or	ATION 18	e. DECEDENT'S	USUAL O	CCUPATIO	ON world	na	18b.	KIND OF BUS	INESS/INO	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u HOUSE		duning inc	St OF WORK	.9		Home	makin	g	
COM	17. FATHER'S NAME (First, Middle, Last) Frederick Vogt	•					HER'S NAI	,	Middle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)								ber, City or Town			
5	Mrs. Ethel M. K	reisel	8845	Pul	aski	Hig	hway	Bal	to., M	d. 21	237	
	20e. METHOD OF DISPOSITION X[X] Buriel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	ral from State 20h Pi	ACE OF DISPO	ICN (N	Ceme	tery	matory or		12.00	ation — o		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22.	NAME A	ND ADDRE	SS OF FAI	CILITY	1 Home	1 (. 1 110)	,	
	+ Lasseln 7	Leseul Hos	m E						l. Balt		٩d.	21236
	23. PART i. Enter the diseeses, or co			not anter	the mo	de of dy	ing, aucl	h sa card	disc or respi	retory arre	est,	Approximete
	ahock, or heert fallure. Liet only one ceuse on eech line. IMMEDIATE CAUSE (Finel disease or condition											
	resulting in death) S. OUE TO (OR AS A CONSEQUENCE OF):											
TION	Sequentielly list conditions, fi any, leading to immediate											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O)F):								
	PART ii. Other significant conditions	contributing to death but	not regulting	in the u	nderivin	0.00000	alven in	Dort i	24s, WAS AN	ALITORRY	245.1	WERE AUTOPSY FINDINGS
MEDICAL	Peru	faitu		ill are u	- Inderty III	g couss	914011 111		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DE CAUSE OF OEATH?
	,	9										
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF I	DEATH (Ch	eck only or	ne)			
SIC		HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	4 Nu		ne 5 🗆 R	esidence	8 🗆 Othe	er (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Applicant Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE:	SCRIBE HOW I	NJURY OCC	URED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		street, fed	tory, offic				CATION (Street or Town, State)	and Number	or Rural Ro	ute Number,
COMPLETED	onel only	IAN: To the best of my knowled							to District			and manner as stated
				,	-p				- Site piece, et			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER								2	▶ 7	E SIGNED (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAY'S SIGNATURE
92 Julia Devidon Andres

P

	FOR
1 -	STATE
•	REGISTRAR

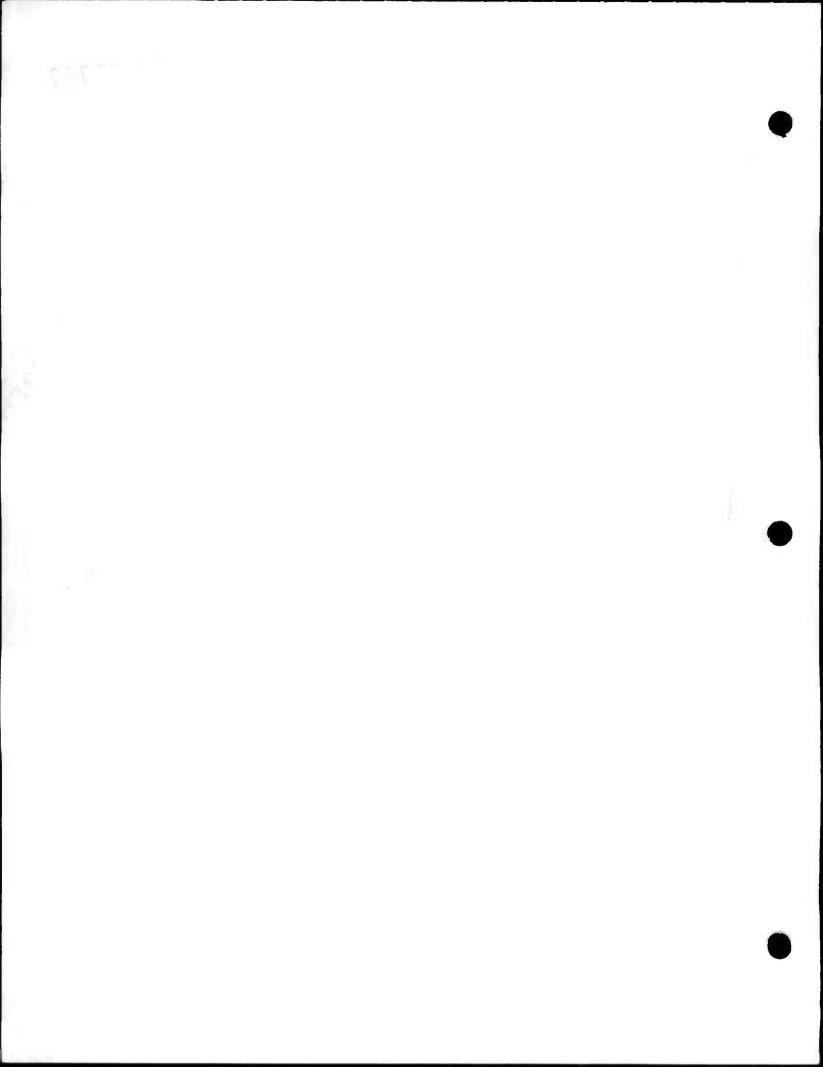
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR	CERTI	FICATE OF	DEATH	REG. N	O.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN			
	Donald W. Goldinger				FEB. 11,						
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign			
- 8	172-30-6193 1∑M2□F	52 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 5,	1030	Penn	sylvania			
	1/2 30 3133	32	an orry yours	OR LOCATION OF DE							
~	9a. FACILITY NAME (If not institution, give street and number)		36. CITY, TOWN	OH LOCATION OF DE	AIN	9c. CO01	NTY OF DE	Ain .			
Ö	1340 Aster Drive		Glen Bu	rnie		Ann	e Arı	undel			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c C	ITY, TOWN OR LOCA	TION				10d, INSIDE CITY			
Ĕ							- 1	LIMITS?			
0	Maryland Anne Arundel	l G	len Burni	. ZIP CODE		Tan- ora		1 YES 2 NO			
₹	10e. STREET AND NUMBER										
堕儿	1340 Aster Drive			21061		Uni		States			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E	EVER IN U.S. ARMED YES 2 NO			NIC ORIGIN? (Specify 1 in, Puerto Rican, etc.)	ee or No-	14. RACE Black,	— Amaricen Indien, White, etc.			
	IF YES, GIVE WAR	OR DATES		2 NO Specif			Specify	White			
BY		Nam Era						willte			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	'S USUAL OCCUPATION work done during me	ON ost of working	16b. KIND OF E	USINESS/INI	DUSTRY	100			
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT	use retired.)								
릴	4	U.S. A	rmy Retir	ed	Defe	nse					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NA	ME (First, Middle, Maid	en Sumame)		7.7			
	Harry Clark Goldinger			Freda	Louise W	olfe		53			
8	19e, INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Number, City or 1	own, Stete, Zij	p Code)				
2	Harry C. Goldinger	1340	Aster D	rive, G1	en Burnie	. Mary	vland	21061			
	20s. METHOD OF DISPOSITION		OSITION (Name of ca			LOCATION -					
	1 K Burial 2 Cremation 3 Removal from State	other place)	,								
	4 Donation 5 Other (Specify)	Arlingto	on Nat. C			rling	ton,	VA			
	21. SIGNATURE OF PURE LAW SERVICE LICENSEE . 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home										
	* At a Male	B0*		_				e. MD 21061			
	23. PART I. Enter the diseases, or complications that	caused the death. De						Approximate			
	shock, or heart fellure. List only one cause							interval Between			
	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) . CArdy - Respiratory Arrest										
	DUE TO (C	R AS A CONSEQUENCE	OF):					F . 11.			
Z	disease or condition a. CArdia - Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF): NON - SMALL CELL LING CANCER MINALS										
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate										
S	cause. Enter UNDERLYING CAUSE (Disease or injury	_									
Ē	that initiated events	OR AS A CONSEQUENCE	OF):								
E	resulting in death) LAST										
		lande biod and accordate	a to the conduct of	and the same of	Book I an uno	AN AUTOPSY	1000	WERE AUTOPSY FINDINGS			
EDICAL	PART II. Other aignificent conditions contributing to d	enth out not resultin	ig in the underlyii	ng cause given in		ORMED?	240.	AVAILABLE PRIOR TO			
8					1 _ YES	2 🔯 NO		OF DEATH?			
								1 TES 2 NO			
Σ			-								
¥	25. WAS CASE REFERRED TO MEDICAL		26. 1	PLACE OF DEATH (C	theck only one)						
2	EXAMINER? 1 YES 2 XNO 1 Inpetient 2	ER/Outpetient 3 🗆 DO/	OTHER:	me & Of Bookson	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 280. DATE OF II			JURY AT	28d. DESCRIBE HO	W INJURY O	CCURED				
급	1 Netural 5 Pending		INJURY W	ORK?	and Desormed Tro	W III OH O	COUNTED				
B≺	2 Accident Investigation			YES 2 NO			-				
	8 Could not be building, e	INJURY — At home, far tc. (Specify)	m, street, factory, off	ice	281. LOCATION (Str. City or Town, St	et and Numb ate)	er or Hural F	Houte Number,			
쁜	4 Homicide determined										
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of a	ny knowledge, death occ	curred at the time, da	te end place, and du	re to the cause(e) end	manner as #	tated.				
M	(Check only one) 2 MEDICAL EXAMINER: On the basis of exa							s) and manner as stated.			
00						1					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1	- 11	29c. LICENSE NO	JMBER			(Month, Day, Year)			
TO E	Juckey Myterd, MD C	NCOlogy	Fellow	HAMPII		I	eb.	11, 1992			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E OF DEATN (TEM 27)	Type, Print) 71	00 Georg	ia Ave.,	N.W.					
	Rickey Myhmed MD				, D.C.						
13	31. DATE FILED (Month, Day, Year) 32. REGISTRA	'S SIGNATURE	Declaration of the control of the co								
	FED 1 2 1992 A	chia Davidson-	gandell								
	FED A WALL	100	and it				_				

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4... Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ATTEN	IRECTOR:	ours after	em 28 la
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THE HOSP	THE FUNE	he filed within	MPORTANT
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								92	03798	
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Gol	DSTE	N			2. DATE OF DEATH MONTH	8,19	3. TIME OF DEATH	
COMPLETED BY FUNERAL DIRECTOR	212-10-6518	5. SEX 6. AGE (In yrs. lest birthday) IF UND 1 M 2 F 82 YRS. MONTHE			DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Yber) 4/29/1909		BIRTHPLACE (State or Foreign Country) MARYLAND	
	99. FACILITY NAME (If not institution, give stre- 6958 MARSUE DR		D	9b. CIT	•	LTIMORE	DEATH	9c. COUNTY	OF DEATH BALTIMORE	
	10a. STATE 10b. COUNTY	ALTIMORE	10c. CI		OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 6958 MARSUE DR.,	APT. 1-D			101	ZIP CODE 21	215		N OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13	If yes, spe		ANIC ORIGIN? (Specify Yesan, Puerto Rican, atc.)	s or No — 14	RACE — American Indian, Black, White, etc. Specify:	
	15. OECEDENT'S EOUCA (Specify only highest grade co	TION empleted) Cottege (1-4 or 5 +)	16s. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.	during mos	st of working	166, KIND OF BU			
BE COM	17. FATHER'S NAME (First, Middle, Lest)	OHEN	<u> </u>		LLIC	18. MOTHER'S N	AME (First, Middle, Maiden DITH BLO	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. SARAH COHEN 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) APT. 1—D BALTO., MD 21215									
	20e. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Remove 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!	al from State MOG	Ob. PLACE AND DATE PARISTY. COMBEXAT	AM'(°	DATH	YESHUR	UN) 2/10/9	2 ROSI	y or Town, State EDALE, MD	
	· Vistor Lena	rand h	1	(5010	REISTER		BALTO	., MD 21215	
	23. PART I. Enter the diseases, or co- shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	les consideration	ed the deeth. Do each line.	lu	r ths mo	de of dying, su	ch as cerdiac or resp	Iratory arrea	t, Approximats Interval Batween Onset and Dasth	
CERTIFICATION	Sequentielty list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL	end ostace & Kings de caro						Part I. 24s, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		HOSPITAL:	utpatient 3 🗆 DOA	OTHE	R:	ACE OF DEATH (C	heck only one) 8 Other (Specify)			
ву Рну	27. MANNEY OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 1 YES 2				URY AT RK?	28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be determined	building, atc. (S)					26f. LOCATION (Street City or Town, State)		
COMPLET	(Check only one) CERTIFYING PHYSICI/					eath occured at th			suse(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	La				29c, LICENSE NU	13	29d. DATE S	19 (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
1997 Julia Davidson-Aandate 31. DATE FILED (Month, Day, Year)

10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D D 0 3

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL	HYGIENE REG. NO.		
1. OECEDENT'S NAME (First, Middle, Lest) Anna Gor	_				2. DATE C		92ª	3. TIME OF GEATH
4. SOCIAL SECURITY NUMBER 215-07-9287	5. SEX 6. AC	GE (In yrs. last birthday, 92 YRs.) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	Day, Year)	8. BIRTH Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	29-1899	COUNTY OF D	
Union Memorial	Hospital		Balti	more Cit	y			
10a. STATE 10b. COUNT	TY	10c. CI	TAMARA					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 5190 SABAL PALM	DR.		10	or. ZIP CODE 33321		10g.	CITIZEN OF W	1X YES 2 NO
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 1/1 IF YES, GIVE WAR OF	ES 2 000	If yes, s	CENDENT OF HISPA pecify Cuben, Maxico S 2 NO Specific	en, Puerlo Ri	(Specify Yee or No- can, atc.)	14. RACE Black Specia	- American Indian, i, White, atc.
15. OECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 1 2	JCATION e completed) College (1-4 or 5+)	(Give kind of life. Do NOT	s usual occupat I work done during m use retired.) NAGER	ON ost of working		KIND OF BUSINESS		BAND CO.
17. FATHER'S NAME (First, Middle, Last) RABBI NEHEMIAE	H MEYERS			18. MOTHER'S NA	ME (First, Mi	ddle, Meiden Surnam FREIDMA		
190. INFORMANT'S NAME (Type/Print) MR. RONALD LEACH	H	195. MAILIN 10 1	G ACORESS (Street E. LEE S	end Number or Rural	Route Numbe 2101	BALTIM	Zip Code) DRE, MD	21202
20a, METHOD OF DISPOSITION 1		20b. PLACE AND DATE cemetery, cremetory or CEDAR H	other place)		DATE)/92	20c. LOCATION		wn, State RK, MD
21. SIGNATURE OF FUNERAL SERVICE LI	0 2	it.	22. NAME A SOL	ND ADDRESS OF FA	VI & BF	ROS., INC	c.	MD 21215
23. PART I. Enter the diseasea, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, about present feliure. List only one cause pn each line. IMMEDIATE CAUSE (Finel disease provides on the condition of							Onset and Death	
PART II. Other algoriticent condition Alzheime	na contributing to death	but not resulting	in the underlyin	g cauae given in		24a. WAS AN AUTOPPERFORMED?		WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DANO	HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch		(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJUR (Month, Day, Year	in in	ME OF 28c. IN.	URY AT ORK? YES 2 NO		RIBE HOW INJURY	OCCURED	
3 Suicide 8 Could not be datarmined	28a. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory, offic	0	281. LOCAT City or	ION (Street and Num Town, State)	nber or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of my known.	owledge, death occur tion and/or investigati	red at the time, date on, in my opinion, o	and place, end due leath occured at the	to the ceuse lime, deta as	e(a) and manner as	stated. O the ceuse(s)	end mannar as atated.
296. SIGNATURE AND TITLE OF CERTIFIE	ik III R	Resident	+ P643	29c. LICENSE NUI	ABER	29d. C	2 8	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	icks III.	201 E		ersity 1	Park	way		
FEE	32. REGISTRAR'S SIG 12 1992	Julie Verice	Son-Andrew	2				
		- Comment						DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	100
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be infinited by the hospital or attending physician.)
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the byte-transparent. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dear of Aeath and Mental Hyriden prior to hurding remarking or immoral.	franse permet. Pages 1, 2, 3 should
IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLE REGISTRAR	AND / DEPARTA	MENT DF HEALTH AND ATE OF DEATH	MENTAL HYGIENE		_ 0000(
	1. OECEOENT'S NAME (First, Middle, Last) ESTHER Gold	2. DATE OF DEATH MONTH DAY	YEAR 9 Z	3. TIME OF DEATH			
	214-01-1034A 10 M 2 4 1	214-01-1034A 1 M 2 TO 101 YRS. MONTHS DAYS HOURS MIN.					
TOR	98. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GENERAL HOS RESIDENCE OF DECEMENT		RANDALLS		9c. COUNTY OF D	MARYLAND PEATH PIMORE	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE	10c. CITY, T	OWN OR LOCATION RANDALLSTON	N		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	9109 LIBERTY RD.		101. ZIP CODE 21	133	10g. CITIZEN OF V		
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D/	2 NO	13. WAS OECENOENT OF HISP If yes, specify Cuban, Mexi 1 TYES 2 NO Spec	can, Puarto Rican, stc.)	or No- 14. RACI Blaci Spec	E — American Indian, k, White, stc. WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USE (Give kind of work life. Do NOT use re SALESPERS	done during most of working tired.)	16b. KIND OF BUSIN		EPT. STORE	
BE CON	17. FATHER'S NAME (First, Middle, Last) MAX LEVIN		16. MOTHER'S N	AME (First, Middle, Meiden Su CLARA FINE	V-071		
10	19e. INFORMANT'S NAME (Type/Print) MRS. CAROLYN SERIO		DRESS (Street and Number or Rura BLATT BLVD., U			LE, FL 33326	
	20a. METHOD OF DISPOSITION 1 Deniel 2 Crementon 3 Removal from State 4 Donatton 5 Donat (Decay)	ISPOSITION (Name of DING MEN 2/9/9	MEN 2/9/92 BALTIMORE, MD				
	· Agduey L. Stillia.		6010 REISTE	N & BROS.,] RSTOWN RD.,	BALTO.	MD 21215	
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on eximmediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A	ths desth. Do not ach line.	enter the mode of dying, au	ch sa cardiac or reapira	tory arreat,	Approximats Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. PNUMMY CA DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL C	PART II. Other significant conditions contributing to death be	ut not resulting in ti	ne underlying cause givsn i	Part I. 24s. WAS AN AU PERFORM!	E0?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C				
РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	1			V INJURY OCCUREO		
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY building, atc. (Speci	M 1 VES 2 NO	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination	edge, death occurred at	the time, data and place, and du my opinion, death occured at th	e to the cause(s) and manne e time, data and place, and d	or as stated, due to the cause(s	s) and manner so stated,	
O BE C	29b. SIGNATURE AND ATTLE OF CERTIFIER		29c, LICENSE NO	A .	Ped. DATE SIGNED	(Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	()	Gunty Ger	and Har	pital	

Julia Thurston Panta Be

22 98000

BALTIMORE, MARYLAND 21215	rSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attend	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.
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IL VII AL RECORDS, P.O. BOX 68/60,	Jaw.	s certificate has been signed by the attending physician and completely filled in by the fint the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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L DIRECTOR: After the hours after death with them 28 is market

TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

2 1992

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL

HOSPITAL OR ATTENDING PHYSICIAN: The

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH JOHN 992 4. SOCIAL SECURITY NUMBER AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 2 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 04150n 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD DENIX 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21131 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Maxican, Puerto Ricen, stc.) 14. RACE — American Indien, Bleck, White, atc. 1 Never Married 2 Merried ВУ 1 YES 2 XNO Specify. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 12 Florist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at Michael Hilpert Margaret Kimpel BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Evelyn Hilpert 12 Windemere Parkway Phoenix, Maryland 21131 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Buriel 2 Cremation 3 Rame oval from State Corraine Park Mausoleum 2/11/92 4 Donation 5 2 Other (Specify) Entombment Baltimore Maryland 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd 23. PART I. Enter the diseases, or combinations that caused the de shock, or heart failure. List only one cause on each line. ations that caused the death. Do not enter the mode of dying, auch as cardiec or reepiratory arrest, Approximata Interval Batwean IMMEDIATE CAUSE (Finei Onset and Death disease or condition ena resulting in death) Tal DUE TO (OR CATT FAIL DUE TO (OR AS A CONSEQUENCE OF): FAI CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 _ YES 2 _ NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO REPOURS. 1 Inpstlant 2 mt 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJUSTY 26c, INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJUNY - At home, term, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge desth occurred at the time, date and piece, and due to the cause(e) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or invariant dation. In my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner as stated. death occured at the time, date end place, end due to the cause(e) end manner as stated. LIPENSE NUMBER 29b. SIONATURE AND TITLE OF CERTIFIER BE 29d. DATE SIONED (Month, Day, Year) 9 92 2

relia Davidson-Rondage

TO THE HOSPITAL OF APTENDING RHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE DIMEDRITHM THE PROPERTY AND THE PROPERTY OF PROPERTY AND COMPLETED FOR A SECOND PROPERTY OF THE PROPERTY O	To find within 72. Again the State Dept. of Health and Mental Hygies prior to build, remained in use as use unique as use unique as use unique use as use unique user permit. Fages 1, 2, 5 should be find within 72.	IMPORTANT: If them at a marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI	NE	03802	
	1. DECEDENT'S NAME (First, Middle, La ROSE	Horton					9°5 9°5	3. TIME OF DEATH AND	
	4. SOCIAL SECURITY NUMBER 219-22-1113 9a. FACILITY NAME (If not institution, gir	1 🗆 M 2 💢 F	(In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-8-13	Co	ATHPLACE (State or Foreign unity) MISSISSIPP	
CTOR	UNIVERSITY HOSP	UNIVERSITY HOSPITAL					Se. COUNTY O		
FUNERAL DIRECTOR	MD 100. STREET AND NUMBER	NI V		TIMORE	ZIP CODE		L co- curioria	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?	
NERA	3042 SEAMON AVE				21225		U.S./		
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIYE WAR OR I	2 NO	If yes, spe		ANIC ORIGIN? (Specify Y ean, Puarto Rican, etc.) lily:	B.	ACE — American Indian, leck, White, atc. pecify: BLACK	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		18a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo:		16b. KIND OF B	USINESS/INDUSTR		
BE	17. FATHER'S NAME (First, Middle, Last) JULIUS JORDAN 19a. INFORMANT'S NAME (Type/Print)				JOANNA	AME (First, Middle, Maide JORDAN			
9	VIRTLEE LIVINGS	STON				TIMORE, MD			
	20a. METHOD OF DISPOSITION 1		b. PLACE AND DATE OF AUBURN				CATION — CHY OF		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 E. NORTH AVENUE								
2	23. PART I. Enter the diseases, abock, or heart feiture immediate Cause (Final disease or condition resulting in desth)	re. List only one ceuse on	eech line.			vator		Approximate Interval Between Onset and Death 4 days.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART ii. Other significant condit	g cause given in		DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU		6 ☐ Other (Specify) 28d. DESCRIBE HOW	Other (Specify) . DESCRIBE HOW INJURY OCCURED		
	3 Suicide 6 Could not 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bure building, stc. (Specific)						al Route Number,	
COMPLETED		YSICIAN: To the best of my know INER: On the beals of examination						e(a) and manner as stated,	
TO BE	296. SIGNATURE AND TITLE OF CONTIN	- bours My			29c. LICENSE NU	MBER	29d, DATE SIGN	ED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON	ward, MID.		Print)					
	31. DATE FILED (Month, Day, Yeldn) FEB 1 2 1992	Julia Davidson-R	endell						

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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	0	2. DATE OF DEATH 3. TIME OF DEATH					
	LUCINDA MURT	ISHAW HUBBAR	SHAW HUBBARD			2/7/92 DAY YEAR		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPL Country)	ACE (State or Foreign	
	372-05-3909		78 YRS.	THE DAYS HOURS MIN.	4/6/1913		n Carolina	
~	Sa. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION OF D	EATH 90	COUNTY OF DEAT	тн	
FUNERAL DIRECTOR	Howard County G	eneral Hospita	al	Columbia		Howard		
EC	10a. STATE 10b. COUN	тү	10c. CITY, TO	OWN OR LOCATION		10	Od. INSIDE CITY	
P	Maryland Ho	ward	Colu	mbia		74	LIMITS?	
AL	10e. STREET AND NUMBER			101. ZIP CODE	10	g. CITIZEN OF WHA	4.3	
Ë	5470 Beaver	Kill Road		21044		USA		
Ę	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico	NIC ORIGIN? (Specify Yea or N	No- 14. RACE	- American Indian, Vhita, etc.	
В	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Specif		Specify:	Time, with	
	15. OECEDENT'S ED	DUCATION	18e. DECEDENT'S USU	IAL OCCUPATION	16b. KIND OF BUSINE	OC (INDUCTOR	Black	
Ē	(Specify only highest gra	de completed) College (1-4 or 5+)		done during most of working	100. KIND OF BUSINES	55/INDUSTRY		
립	12	Conege (1-4 or 5+)	Lab Tech	nician	Waste Wat	or Treat	mont	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Bas 1een		AME (First, Middle, Melden Sum		ment	
BE C	James Can	adv		Lucino	la Murtis	shaw		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street and Number or Rural				
F	Mrs. Lucinda Fra	nces Ware	7468 We	atherworn Way	Columbia,	MD 210	046	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re	moval from State com	PLACE AND DATE OF D		DATE 20c. LOCATION	ON — City or Town,	, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Me	etro Crema	tory 2		nsville,	MD	
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE () OA	11	22. NAME AND ADDRESS OF FA		_		
	Bryan Wr Cla	ry. Car	4	Lemmon-Mitche 10 W. Padonia	Road Timon	inc.	21093	
	23. PART I. Enter the disesses, or ahock, or heart failure	r complications that caused a. List only one cause on a	the deeth. Do not	enter the mode of dying, suc	ch as cardisc or respirato	ry arrest,	Approximats	
	IMMEDIATE CAUSE.(Fine)	List only one cause on the	acy area.	. 0			Onset and Death	
	disease or condition resulting in death)							
		OUE TO (OR AS A	CONSEQUENCE OF):	-1	0			
No.	Sequentially list conditions,	b. OCTSUIC	CONSEQUENCE OF:	HAILURE Z	INTRA-ABOU	M. SEPSIS	1	
YAT	if any, leading to immediate cause. Entar UNDERLYING	YAU ROWE	L FISTOLA!		21.14			
띮	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	Mac Source	L 1 13 1 0 Cd)	7	3 ~ 4 3	
CERTIFICATION	resulting in desth) LAST	· ADHESI	DUS 7	- PAEVIOUS.	SIRTGFAR		3 WKC	
	PART ii. Other aignificent condition	one contribution to death b	ut mat consistent to at					
SAL		TW CANC	The suiting in the	ITF(Part I. 24s. WAS AN AUTO PERFORMED	I? AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
	LIVED	WE COCT	ACLC	117	1 🗆 YES 2 🗗		OMPLETION OF CAUSE F DEATH?	
Σ	PINE OF	116 11821	NO.5.			1	☐ YES 2 ☐ NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	ack only one)			
Sic	EXAMINER?	HOSPITAL: 1		HER: Nursing Home 5 Residence				
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJUR	TY OCCURED		
BYF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO				
	3 Suicide 6 Could not b	28e. PLACE OF INJURY	At home, farm, stree	t, factory, offica	281. LOCATION (Street and N	lumber or Rural Rout	e Number,	
	4 Homicide determined building, etc. (Specify) City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my knowl	edga, death occurred at	the time, data and place, and due	to the cause(s) and manner	an atated.		
OM	(Check only one) 2 MEDICAL EXAMINER: On the best of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
BE C	296. SIGNATURE AND TELL OF CERTIF	IEB /		29c. LICENSE NUI	MBER 296	d. DATE SIGNED (Me	onth, Day, Year)	
٩	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	21000	//		/	
	Dr. Richard Cur			N. Da. COLU	MBIAMA			
	31. DATÉ FILED (Month, Day, Year)	Principal Signal	Hands 90					
	FEB 1 2 1992	Tura puritable	1					



burial-transit permit. Pages 1, 2, 3 should

ours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the on, or removal. be notified at once. must examiner the medical After this certificate has been signed by the attending physician and completely filler death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, is marked, or Item 23 shows any Injury, or other traumatte event, the is THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After de filed within 72 hours after de IMPORTANT: If item 28 is i 28 ls

COMPLETED

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4 Homicide

6 Could not be

29b. SIGNATURE AND TITLE OF CERTIFIER

datermined

92 03804 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 PETE 1992 HUMPHREY 7:12 P . M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 11-15-192 8. BIRTHPLACE (State or Foreign DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 809 N.FREMONT BALTIMORE CITY NA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE NA t X YES 2 NO FUNERAL 10a. CITIZEN OF WHAT COUNTRY? 809 N. FREMONT 21217 **AVENUE** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, aic.) 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: BLACK 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) OCME 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata TI. SIGNATURE OF FUNERAL SERVICE LICENSEE RONALD WADE, 22. NAME AND ADDRESS OF FACILITY DIR STATE ANATOMY BOARD Balto.MD 21201 655 W. BALTIMORE /7/92 23_PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart feliure. List only one cause on Interval Between IMMEDIATE CAUSE (Finel Onset and Death . Atherosclerotic disease or condition Cardiovasculas DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Pu AVAILABLE PRIOR TO YES 2 MA COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 🗆 Nun me X X Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED t Natural 5 Pending Investigation BY м 1 YES 2 NO Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

a Davidson-Randal

29c. LICENSE NUMBER Chute mis 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. ▶01-13-1992 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE MARYLAND 21201 32. REGISTRAR'S SIGNATURE

2 🔀 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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physician	burlal-tru	
r attending	use as the	
he hospital o	detached for	
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he death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlater	
ter death. P.	the funeral	oval.
24 hours af	filled in by	ion, or remo
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icate be exec	physician and	He prior to be
death certif	e attending i	lental Hygier
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear TO THE FUNERAL DIRECTOR. After this certificate has been signed by the ath be filed within 72 hours after death with the State Dept. of Health and Menta IMPORTANT: If Item 28 is marked, or item 23 shows any injury,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) MARION E. HOLLY SR 2. DATE OF DEATH MONTH O2 - 10-9 2	2. DATE OF DEATH DAY YEAR 3. TIME OF CEATH									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Year) 1 M 2 F 72 YRS. 1 MONTHS DAYS HOURS MIN. 1 MONTHS DAYS HOURS MIN. 1 MONTHS DAYS HOURS MIN. 1 D - 31 - 19 1 M 2 F MONTHS Country)	1									
TOR	98. FACILITY NAME (II not insplyiton, give super and number) BALTO. O. GED. HOSP. RESIDENCE OF DECEDENT RESIDENCE OF DECEDENT 98. CITY, TOWN OR LOCATION OF DEATH BALTIMOKE	_									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO										
FUNERAL	100. STREET AND NUMBER 4726 Campfield Road 101. ZIP CODE 2/207 109. CITIZEN OF WHAT COUNTRY? 4. S.A.										
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 14. RACE — American Indian, Black, Whita, atc. 15. Yes 2 NO Specify: Bio Miles (Specify Research) 16. Yes 2 NO Specify: Bio Miles (Specify Research) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 19. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO Specify: Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 19. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO Specify: White, atc.) 19. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO Specify: White, atc.) 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 19. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO Specify: White, atc.)										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
TO BE	19a. INFORMANT'S NAME (TyperFrint) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)										
	20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Carmatory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Carmatory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Carmatory or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MALE F. HWEST,										
	23. PART I. Enler the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahock, or heart failure. List only one cause on each line. Approximate	_									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. My ocar 1:c \ Tufacture Taucture										
NO	Sequentially list conditions, Due to (or as a consequence of): Or cond. Dr. + 1 Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CER	resulting in death) LAST										
DICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	-									
PHYSICIAN: MEDI	1 Tes 2 No										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES THO 1 Impellent 2 Ferbulanting 1 DOA										
ву РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M										
8	Table Could not be detarmined City or Town, State) City or Town, City or To										
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Moniti, Day, Year) 297. To a company to the com										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) TAMES DUNGST MD 1717 GUTNNOSH OUE BOT MD 21267										
	31. DATE FILED (MONH), Day, Year) 132. REGISTRAR'S SIGNATURE FFB 12 1992 Julia Davidson-Randale										

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
	ALEXANDER HARDING	I	NGRAM				Feb 3 1992				
		E (In yrs. last	at birthday) IF UNDER 1 YE			IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Country)	
	212-05-3332 ¹™ ² □F	93	YRS.	ONTHS C	MYS	HOURS MIN.	OCT		898		th Caroli
_	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, T	OWN C	R LOCATION OF D			9c. COU	NTY OF E	DEATH
DIRECTOR	Overlee Gardens Conv. C	tr.		Ba	1t	imore					
2	10a. STATE 10b. COUNTY	-	10c, CITY,	TOWN OR	LOCAT	ION					10d, INSIDE CITY
	MD. Baltimore					dallst	OTTE				LIMITS?
	104. STREET AND NUMBER	اب		1/	-	ZIP CODE	OWII		10g, CIT	IZEN OF 1	1 X YES 2 NO
FUNERAL	3912 Innerdale Court 211					24422					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER	AED					(Specify Ye	Yee or No.— 14. RACE — American Indian,			
10	1 Never Married 2 Merried FORCES? 1 X YE IF YES, GIVE WAR OF	ES 2 NO	1 TYES 2 NO Spi			ecify Cuben, Maxic	an, Puarto Rican, atc.)			Spec	k, White, stc.
	World Wa										Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Gh	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			ON st of working	16b.	KINO OF BU	ISINESS/INC	DUSTRY	
;	Elementary/Secondary (0-12) College (1-4 or 5+)										
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)	1	Main	tena	nc					tri	c Co.
5						18. MOTHER'S N		iddle, Maider	Surneme)		
3	Ralph Ingram 19e. INFORMANT'S NAME (Type/Print)	401	MAU DIO	DODESO "	· ·	Mary nd Number or Rural					
2	James R. Ingram					ale Coi					21133
	20a, METHOD OF DISPOSITION	20b. PLACE A		-	-						
		cametery crem	atony or other	leasin ve			on 2/ Owings Mi				
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	D VE	cera	22. NA	ME AN	ID ADDRESS OF F	ACILITY N 1	tter	wind.	S M.	1 Homes I
Н	· Marie & Dalla.			20	OI	Gwynns	s ral	LS F	arkw	ay	I nomes I
4	23. PART I. Enter the diseases, or complications that cause on ahock, or heart fallure. List only one cause on	MS		Ba	1t	imore,	MD	2121	6		
OFFICE INCOME	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PERFORMED? AVAILABLE PRIOR							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
- 01											1 TES 2 NO
	25. WAS CASE REFERRISO TO MEDICAL 26. PLACE OF DEATH (Check only one)										
	EXAMINER? HOSPITAL:	ordered a con-		THER:							
	27. MANNER OF DEATH 28e. DATE OF INJUR	ry	28b. TIME			5 Residence	5 Residence 8 Other (Specify) Y AT 28d. DESCRIBE HOW INJURY OCCURED				
	Month, Day, Year	7)	INJUI	RY	WO	RK?	LOG. DESC	HOW	HWORT OU	JUNEU	
	2 Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJU	RY At hor	na, farm, atr				281, LOCA	TION (Street	end Number	or Rural F	Soute Number
	4 Homicide determined building, atc. (S					281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				THE PERSON NAMED IN COLUMN NAM	
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my known one)										e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CENTIFIES					29c. LICENSE NU					(Mgrth, Day, Year)
	Menu					737	792	9	1 2	14	192
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, F	rint)		- 16	-1	/		/	1
			Dice								
	31. DATE FILED (MONTH), Day, Year) FEB 12 1992 Julia Davidson	GNATURE	MILHAR	D D ANT	ONIC	, M.D.					
	FEB 12 1992 Julia Davidson	N-Manga	LIMOR	E. MARY	LANI	111. 201 1.21204					
			137	111 825.	2410						



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IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		YEAR 3. TIME OF DEATH				
	Norman L		Jenk	lenkins				992	11:51 AM			
	4, SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	RTH	6. BIRTH	IPLACE (State or Foreign			
	212-56-7168	1 💢 M 2 🗆 F	40 yrs.	MONTHS DAYS	HOURS MIN.	9-3-5	1	Countr	MD			
-	9e. FACILITY NAME (If not institution, give str	set end number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. CO	UNTY OF D	EATH			
0	624 N. Streeper Street Baltimore											
S S	10e STATE 10b COUNTY											
H	MD			LTIMORE	no.				10d. INSIDE CITY LIMITS?			
اد	10e. STREET AND NUMBER] DA		f, ZIP COOE		1 X YES 2					
18	624 N. STREEPER S		10g. CI									
BY FUNERAL DIRECTOR						MIC OBIGINA (See	oth. Man on Ma	U.S.				
E	1 Never Married 2 Merried FOHCES? 1 X YES 2 NO If yes, specify Cube					an, Puerto Ricen.	E — American Indian, k, White, etc.					
	3 Widowed 4 Divorced			1 1 123	S M MO Speci	my:		Speci	"y: BLACK			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16e. DECEOENT'S	USUAL OCCUPATION	ON .	16b. KIND	16b. KIND OF BUSINESS/INDUSTRY					
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se retired.)								
A P	12th		CORRECT	IONAL OF	FICER	MD DE	PI. OF	CORR	ECTIONS			
	17. FATHER'S NAME (First, Middle, Last) JAMES JENKINS					AME (First, Middle,	,					
BE						ET SULLI						
2	190, INFORMANT'S NAME (Type/Print) MARGARET JENKINS		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City	or Town, State, Z	(ip Code)				
					VE./BAL	IIMURE,	MD 2121	16				
	20e. METHOD OF DISPOSITION 1 Disposition 3 Remove	vel from State cen	PLACE AND DATE	DEDISPOSITION (No	ame of		OATE 20c. LOCATION — City or Town, State OWINGS MILLS, MD					
	4 Donation 5 Other (Specify)		ARRISON P				OMING2	MILLS	5, MD			
	. [[]	10- ()		22. NAME A	ND AOORESS OF FA	ACILITY						
	unefor :	60xC		WM.C.MARCH F.H./1101 E. NORTH AVENUE								
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heart feliure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final	ist only one cause on e	ech line.	/	11	10			Interval Between Onset and Death			
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a											
		OUE TO (OR AS A	CONSEQUENCE OF	7: /	4.0							
Z	Sequentially list conditions, b.											
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	ን:								
5	CAUSE (Disease or injury C.	DUE TO (OR AC A	20110501151105									
Ē	that initieted events resulting in deeth) LAST	DOE TO (OH AS A	CONSEQUENCE OF	7);								
8	d.											
	PART II. Other eignificent conditions	contributing to deeth b	ut not reculting i	n the underlying	g ceuse given in	Part I. 24e. V	MAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
EDICAL	-12-1-1						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME	Thereties Mellitus											
ž	YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (C)	neck only one)						
Sic		HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER:	e 5X Residence	8 Other (Speci	(fv)					
£	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT		HOW INJURY OF	CURED				
BY	Accident 5 Pending Investigation	(month, buy, rour)	INS	4-	RK? /ES 2 NO							
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, fectory, office 28f, LOC						I. LOCATION (Street and Number or Rural Route Number,					
H L	4 Homicide determined											
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee attend.											
8	one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.											
	290, BIGHAJURE AND THEE OF CERTIFIEST	MBER										
8	All 250	Let X Hor					.	DATE SIGNED (Month, Day, Year)				
유	MI, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	O.C.M	.Е.	0	2 11	1992			
	Frank J. Pere				root -							
	31. DATE FILED (Month, Day, Year)		ATURE OF	CHIL SEI	B.	altimo	re Mar	vlar	nd 21201			
	FEB 1 2 1992 9	32. REDISTRAR'S SIGN	1 JOAN BELL									

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BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra-
60,	within 24 nours	mpletely filled in t
O. BOX 687	certificate be executed	ling physician and con
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	equires that the death	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after death with the Crate have not Health and Mental Kunison prior to have a necessity or connected the connected to the connecte
OF VITAL R	PHYSICIAN: The law re	this certificate has bee
DIVISION	OR ATTENDING !	DIRECTOR: After

as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		NTAL HYGIENE REG. NO.	00000			
	1. DECEDENT'S NAME (First, Middle, Lest)	R. JOHNSO			DATE OF DEATH MONTH DAY	YEAR 2:15P M			
	4. SOCIAL SECURITY NUMBER 717-10-6913 9a. FACILITY NAME (If not institution, give	5. SEX 16 M 2 F 6. AGE (In yrs. le:	YRS. MONTHS DAY	S HOURS MIN.	2-13-1911	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	BON SECOULS RESIDENCE OF DECEDENT	Hospital	Balt	N OR LOCATION OF DEATH	9c. COUNT	Y OF DEATH			
	10a. STATE 10b. COUNT	Υ	BALTIA			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO			
FUNERAL		TORE AVE		101. ZIP CODE 21216		N OF WHAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AS FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes,	DECENDENT OF HISPANIC Conspectify Cuban, Mexican, Proceedings of the Specific Specif	ORIGIN? (Specify Yea or No — 14 uerto Rican, atc.)	6. RACE — American Indian, Black, White, atc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL OCCUP, live kind of work done during DO NOT use retired.)	ITION most of working	166. KIND OF BUSINESS/INDUS	ЗТЯУ			
BE COM	17. FATHER'S NAME (First, Middle, Last)	Johnson		JESSI					
10		physon 2	L807 EL	SINDRE A	Number, City or Town, State, Zip Co. BALto. Mc	2121/			
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cometery, com	AND DATE OF DISPOSITION (matory or other place)	etern Z-14	1-92 Balte	y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	22. NAME	AND ADDRESS OF FACILITY	I HOME-UI	Ho.Md.21215			
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused the de List only one cause on each line a	ncular		cardiec or respiretory erres	t, Approximate intervel Batween Onset end Desth			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant condition	d.	navilating to the conduct						
MEDICAL	Sepon	o death sut not	eauting in the underly	ing cause given in Part	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETIDN DF CAUSE OF DEATH? 1 YES 2 NO			
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:		PLACE OF OEATH (Check o	nly one)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	10 Inpatient 2 ER/Outpetient 3 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 28c. I	NJURY AT 28d WORK?	Other (Specify) J. DEȘCRIBE HOW INJURY OCCUP	RED			
TED BY	2 Accident Investigation 3 Suicida 8 Could not be detarmined	28e. PLACE OF INJURY — At ho building, etc. (Specify)			LOCATION (Street and Number or City or Town, State)	Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, de R: On the besis of exemination and/or i	ath occurred at the time, d	ite end place, and due to th	ne cause(a) and menner as stated.	euse(s) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Me imo.		D 26 25	6 29d. DATE S	IGNED (Month, Oay, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type, Print)	and BR	eto MO 2	1230			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	widson Pando	\$					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		ed
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cuted w	д сош	urial. cu	lic eve
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E HOSP	E FUNE	d within	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E C	THE CH	be filed	MPO

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Joseph Lawrence Kahler 2. OATE OF DEATH 3. TIME OF DEATH 1992 ľő 1712 р м KAHLER, LAWRENCE JOSEPH 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F 381-01-4927 79 3-31-12 Maryland 9e. FACILITY NAME (If not institution, give etreet end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimroe 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 X YES 2 | NO FUNERAL 100. STREET AND NUMBER 1000-C Coleridge Court 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Types 2 No IF YES, GIVE WAR OR OATES USA 21229 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, While, etc. 1 YES 2 X NO Specify: В 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Steel Worker Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Kahler Caroline Vermuth BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1000-C Coleridge Ct. Gloria M. Balto., MD 21229 Austin-Kahler 29e. METHOD OF DISPOSITION
1 Description | Burlel | 2 K Cremetion | 3 Dec. | R 20c. LOCATION --- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Metro Crematory, Inc.2/11 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LIGENSES 22. NAME AND ADDRESS OF FACILITY 8200 Cremation Society of Md., Inc. George E. MacNabb 299 Frederick Road Balto., MD 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Death disesse or condition ardio hes resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CHF CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Caroline DUE TO (OR AS A CONSEQUENCE OF) thet initiated events M, resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 THO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Reeldence} \) 8 \(\text{Other (Specify)} \) 1 YES 2 JAN 1 Inpatient 2 I ER/Oulpatient 3 DOOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, atreel, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MED, RES, 2509 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) IMPRRIAZ 900 S. Caton Avenue Baltimore, MD 21229



31. DATE FILED (Month, Day, Year)

1992

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32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215	24 hours after death. Plage 6 may be retained by the hospital or aften	filled in by the tuneral director, page 5 should be detached for use as lon, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after cheath. Plage is may be retained by the hospital or after	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detailed for use as after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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23 shows any Injury, or other traumatic event,

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31. DATE FILED (Month, Day, Year)

DIRECTOR: After the hours after death was

TO THE HOSPITAL
TO THE FUNERAL C
be filed within 72 h
IMPORTANT: If II HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KLLEY 1:40AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER I YEAR IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreig 2446 3998 1 M 250 YRS. Scot 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1715 LYDO FUNERAL DIRECTOR BALTIMORS 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MORS 15 YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21239 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married В YES 250 NO Specify: 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY mentary/Secondar condary (0-12) College (1-4 or 5+) Homs 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HRISTINA Ar BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20a, METHOD OF DISPOSITION
1 Burlat 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State NOUNT RMATORY BALLO. MARYLAND 4 Donation 5 Other (Specify) ERAL SERVICE LICE 21. SIGNA NAME AND ADDRESS OF FACILITY FOR CHAPELOFO SANS 8800 Namo 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximata ahock, or heart feilure. List only one ceuse on each line. Intervel Batween Onset and Death **IMMEDIATE CAUSE (Finel** diseese or condition Alenocara 1 mo resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART ii. Other aigniticent conditione contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examin stion and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 03819-20re 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
1992 Sulva Havidon-Andre

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

92 03811 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Rose (ROSE KATZEN) Katzen YEAR 6:00 A M 92 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) FEB . 22, 1905 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign HOURS 1 M 2 VF 220-14-1381 86 MÄRYLAND 9a. FACILITY NAME (If not institution, give street and nur 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MERCY HOSPITAL BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6503 PARK HEIGHTS AVE., APT. 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Mexicen, Puerto Rican, etc.)
 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES 1 Never Merried 2 Married
3 Wildowed 4 Divorced BY WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) AT LAW ATTORNEY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE DAVID GOLDBERG JEANETTE GOLDSTEIN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 LEEDS KATZEN 8014 MELODY LANE BALTO. MD 204 METHOD OF DISPOSITION 1 (A Burlet 2 Commettion 3 (20b. PLACE AND DATE OF DISPOSITION (Name of OATE 28c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) ARLINGTON (CHIZUK AMUNO) 2/9/92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE MICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD Enter the diseases, or complications that caused the death. Do not enter the prodefor dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) My O cardia ! Congestive heart oue to (or is a consequence of): CERTIFICATION Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING Coronary artery
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Preumonia AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 # Inpatient 2 = ER/Outpatient 3 = DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) end manner as stated.

296. SIGNATURE NO TULE OF CERTIFIER

29d. DATE SIGNED (Month, De

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

301 st Paul Mercy MI val Center MD Baltimore MD

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rundall 1992

3. TIME OF DEATH

REG. NO.

07

2. DATE OF DEATH MONTH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S MAME (First, Middle, Last)

1 -

	210 00 7/0-	□ M 2 (F	(In yrs. last birthday) 79 YRS.	F UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN O	IF UNDER 24 HRS, HOURS MIN.	12/	28/		HRTHPLACE (State of country)	
TOR	SINAL HOSPITA	L OF 6	BALTO	B	ALTIMO	RE				
. DIRECTOR		TIMORE	10c. CITY	BALT					10d. INSIDE C	,
FUNERAL	792 SUOTS LE			101	2120	8			OF WHAT COUNTRY	?
BY	1 Never Married 2 Married PORCEST 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, White								RACE — American in Black, White, etc. Specify: W#	
COMPLETED	18. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo:	ON st of working	16b. i	KIND OF BUSI	NESS/INDUST		
BE COM	17. FATNER'S NAME (First, Middle, Last) ADOLPH BLOCK				18. MOTHER'S NA	ME (First, MI MOLLI	ddle, Maiden St	urname)		
TO B	19a. INFORMANT'S NAME (Type/Print) MRS. BONNIE BROD	INSKY		ADDRESS (Street a	nd Number or Rurel COURT O		r, City or Fown, MILLS		21117	
	206. PLACE AND DATE OF DISPOSITION AND Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNALLINE OF FUNERAL SERVICE LICENSEE 206. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) PARTITIONE, MD 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.								215	
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DEHYDRA DUE TO (OR AS A USHB.	CONSEQUENCE OF	:	10N FA				Onset a	nd Das
: MEDICAL C	PART II. Other significant conditions of MT, UGIB;	ontributing to deeth be	not resulting in	the underlying	cause given in		24s. WAS AN AR PERFORM 1 TYES 2	ED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	F CAUSE
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)				
BY PHYSIC	27. MANNER OF DEATH 1 Netural 5 Pending	inpetient 2 ER/Outp. 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. (NJU RY WOI	JRY AT RK?		(Specify) RIBE HOW (NJ	IURY OCCURE	D	
ED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, term, strify)	reet, factory, office			TION (Street and Town, State)	d Number or Re	ural Route Number,	
MPLET	m. ormora V	: To the best of my knowl							use(e) and manner as	atated.
BE COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C 29b. SIGNATURE AND TITLE OF CERTIFIER CITAL 29c. CERTIFIER 1 CERTIFIER COLL 29c. CERTIFIER COLL 29c. CERTIFIER COLL 29c. CERTIFIER COLL 29c. CERTIFIER COLL 29c. CERTIFIER COLL 29c. CERTIFIER COLL 29c. CERTIFIER	n the basis of exemination	n and/or investigation	, in my opinion, de		time, date a	nd place, and	due to the cau	NED (Month, Day, Yea	
COMPLET	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	n the basis of exemination	and/or investigation	, in my opinion, de	eath occured at the	time, date a	nd place, and	due to the cau		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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Pages 1, 2, 3 should

n by the f completely filled rial, cremation, o other traumatic event, bunal, and prior to physician a attending phy ental Hygiene the atten injury, Signed by the shows any s certificate has been sint the State Dept. of Hi d, or item 23 show DIRECTOR: After this cert hours after death with the item 28 is marked, o TO THE HOSPITAL OF TO THE FUNERAL D Be filed within 72 ho

6

31. DATE FILEO (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH HARRY CHARLES 6:58 ANG AM 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign 1 M 2 F MARYLAND YRS. 219-32-9770 54 7-26-37 9e. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS SCOTT KEY Franklin Square DIRECTOR BALTIMORE CITY Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 THO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7022 GOUGH STREET 21224 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Divorced If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR OATES 8 Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) TRUCK DRIVER WHOLESALE FLORIST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) GEORGE FREDERICK FUKA RUTH ROLAND LANG BE 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY J. LANG 7022 GOUGH STREET BALTIMORE, MARYLAND 21224 20a, METHOD OF DISPOSITION 1 X Xurlat 2 Cramation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE DAK TAWN CEMETERY 2-13-92 tion 5 D Other (Specify) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE BUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta ahock, or heart feliure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Cardiovascular Disease Atheroscierotic (
DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) CERTIFICATION Sequantielly liet conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese Dr Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 Inpetient 2 ER/Outpatient 3X DOA 4 ☐ Nursing Home S ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED Natural
Accident WORK? 5 Pending 1 YES 2 NO 84 Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 26f. LOCATION (Street end Number or Rural Routa Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER
(Chark only 1 CERTIFYING PHYSICIAN: To the beel of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 8E 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) lenn O.C.M.E. list no ▶2-10-1992 9 30. NAME AND AGORESS OF PERSON WHO COMPYETED CAUSE OF DEATH (ITEM 27) (Type, Print) PENN STREET BALTIMORE MARYLAND 21201

132 PEGSTAPES SIGNATURE DEVIDENT Pandale

DHMH-16 Rev 1/89

BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending process. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director mans 5 should be described for use as	prior to burial, cremation, or removal. In traumatic event the medical examinar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certific TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending of	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examinar must be notified at once

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

permit Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	FICA	TE OI	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, RICHARD	Middle, Last)				Τ Λ	SEK	CD	2. DA	TE OF DEATH		YEAR	3. TIME OF D	EATH
4. SOCIAL SECURITY NUMBER	R I	5. SEX	6. AGE (In ve	s. last birthday)		NDER 1 YEAR	SR.	02	10	- 1	992	8:03	A M
212-30-855	8	1 🔀 M 2 🗆 F	5	**	MONT	7	IF UNDER 24 HRS. HOURS MIN.	A'D	TE OF BIRTH	933	8. BIRT	Marylai	r Foreign
9a. FACILITY NAME (If not insi	titution, give str	set and number)			9b.	CITY, TOWN	OR LOCATION OF E		1112//1		JNTY OF E	DEATH	na -
JOHNS HOPE		HOSPITA	AL.				IMORE					ZAIII	
RESIDENCE OF DECI	10b. COUNTY												
		BAltimo	ce	10c. CI	1 Y , 10\	WN OR LOC	SSEX					10d. INSIDE C LIMITS? 1 YES 2	
104. STREET AND NUMBER 306 Townsend Road 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA								rz					
11. MARITAL STATUS 1 Never Married 2 N	farried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED NO		13, WAS DE	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	NIC ORIG	GIN? (Specify Yes	or No-	14. RAC Blac	E — American I/ck, White, atc.	ndian,
3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES			1 🗌 YE	S 2 PNO Speci	lfy:			Spec	"White	
15. DECE (Specify only	DENT'S EDUCA highest grade o	ATION ompleted)	18a	. DECEDENT'S (Give kind of	work di	one during n	ION lost of working	1	6b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-1	2)	College (1-4 or 5 -	•)	life. Do NOT u	ise retin	ed.)			Carbin	ated	Ren	tal	
17. FATHER'S NAME (First, Mid-							16. MOTHER'S N	AME (First	t, Middle, Meiden	Sumame)			
	Lasek			106 MAII MI	1000	2500 (0:			lla Mir				
19a. INFORMANT'S NAME CAP RICHARD LA		r.		826	8 K	avana	and Number or Rurel agh Road	Dunc	dalk Md	. State, Zi	222		
20a. METHOD OF DISPOSITIO 1	3 🗆 Ramov Specify)		20b.PLA	CEAND DATE	of dis	POSITION (A BUS	Cemetery					e Md.	
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	Home	0			and address of F		ome 3001	MAce	Ave.	21221	
23. PART I. Enter the dis- ahock, or hea IMMEDIATE CAUSE (Fina	gr landia. Li	mplicationa that st only one cau	caused the se on each	death. Do i	not er	nter the m	ode of dying, aud	ch aa ca	rdiac Dr reapi	ratory ar	reat,		Batween
disease or condition reaulting in death)	a.	LU DUE TO	(OR AS A COM	cler	00	iel	urdio	04	calo	4	use	use on set a	and Death
Sequentially list condition	na, b.												
if any, leading to immedicause. Enter UNDERLYIN	G	DOE 10	OR AS A CON	SEQUENCE O	F):								
CAUSE (Disease or injury that initiated events	6	DUE TO	OR AS A CON	SEOUENCE O	F):							_	
resulting in death) LAST	d.											1	
PART II. Other significant	conditiona	contribution to	death but n	nt requising	la sha								
- July Significant	CONDITIONA	contributing to	death but n	ot reauting	in the	underlyir	g cause given in	Part i.	24a. WAS AN		24b.	. WERE AUTOPSY AVAILABLE PRICE	OR TO
									1 TYES	ON D		OF DEATH?	F CAUSE
												1 TYES 2) NO
25. WAS CASE REFERRED TO	MEDICAL.					26 P	LACE OF DEATH (Ch	anck only	200)				
EXAMINER?		HOSPITAL:	ER/Outpatient	3 XDOA	OTH	IER:	ne 5 🗆 Residence						
27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c.40	TA WILL		er (Specify) ESCRIBE HOW IN	JURY OC	CURED		
1- Natural 5 Pe	nding restigation	(Month, Da	ry, rear)	INJ	M		YES 2 NO						
3 Sulcide 8 Co	ould not be termined	28a. PLACE OF building, a	tNJURY — At atc. (Specify)	home, ferm, a	itreet,	factory, offic	:a	28f, LO C/t	CATION (Street ar y or Town, State)	nd Number	or Rural F	loute Number,	
29a. CERTIFIER 1 CERTIF	YING PHYSICI	M: To the best of	mu bassuladas	4.00	V VA								
(Check only one) MEDICA	L EXAMINER:	On the basis of ax	emination and	or Investigation	n, in m	na time, date ny opinion, e	e and place, end due leath occured at the	to the ci	euse(s) and mani la and pleca, a <i>n</i> d	due to th	ed. a cause(s) and manner as	steted.
PSE SIMATURE AND LITLE O	F CENTURER						29c. LICENSE NUI					(Month, Day, Yea	
NO 1	///	np					O.C.M.	E				1-1992	
30. NAME AND ANOTHESS OF R	ERSON WHO	COMPLETED CAUS	E OF DEATH (I			NN S'	r. BALT	IMO	RE, MAR	YLA	ND :	21201	
FEB 12 19	32	32. REGISTRAF	. S' sigh yann						- ,		_		
LER TE 13	JL g				1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-	iene prior to bunal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injur

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
	MARGAI	MARGARET E. MORAN						8:40 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG			UNDER 24 HRS.	2 6	a, BIR	THPLACE (State of Foreign
	212-07-0915	1 M 2 🐴 F	88 YRS. M	IONTHS DAYS H	DURS MIN.	(Month, Day, Year) 6-23-03		nny) ryland
3	9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN OR L	OCATION OF DE		9c. COUNTY OF	
R	Greater Baltimo	re Medical	Center	Towson			Daltim	
5	RESIDENCE OF DECEDENT						Baltim	ore
DIRECTOR	10e. STATE 10b. COUNT		10c, CITY,	TOWN OR LOCATION				10d. INSIDE CITY
		imore	To	wson				1 YES 2 NO
BY FUNERAL	10e. STREET AND NUMBER			10f. ZI	CODE		10g. CITIZEN OF	WHAT COUNTRY?
4	800 Southerly F	kd.		21:	204		U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DECENE	ENT OF HISPAN	IC ORIGIN? (Specify Ye	e or No- 14, RA	CE — American Indian
≥	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			y Cuban, Mexicer ☑ NO Specify	n, Puerto Ricen, etc.)		ck, White, elc.
		1						ite
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. OECEDENT'S US (Give kind of wor	SUAL OCCUPATION rk done during most of retired.)	working	186. KINO OF BU	JSINESS/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
물	12 yrs		Housew	ife		Own	Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			10	MOTHER'S NAM	ME (First, Middle, Maider	Surname)	
BE	Leonard	Reuli				lizabeth 1		erger
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and I	lumber or Rural R	loute Number, City or Tox	vn, State, Zip Code)	
	Carol E. Der		3907	Highwood	Ct. Was	shington 1	D.C. 2000	07
	20e, METHOD OF DISPOSITION 1 B Buriel 2 Cremetion 3 Rem	2 State	0b. PLACE AND DATE OF	DISPOSITION (Name of			OCATION — City or	
	4 Donation 5 Other (Specify)		emetery, crematory or other Loudon Par	r plece) K		2-10 Ba	Itimore.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIN			22. NAME AND A		HLITY		i.u.
		11	//.			uneral Hor		
-	23. PART I. Enter the disesses, or	V. Arul	100	1050 Yo	ork Rd.	Towson, 1	Md. 2120	4
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (QR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	cardia	d An	Jarely	71	
Ē	resulting in death) LAST		n outside of j.					
8		d						
MEDICAL	PART II. Other eignificent condition	a contributing to death	but not reaulting in	the underlying ce	use given in F	Part I. 24a. WAS AN PERFO 1 TYES	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		/	26. PLACE	QF OEATH (Chec	ck only one)		
S	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out		THER:				
Ĕ∥	27. MANNER OF DEATH	28e. DATE OF INJURY		Nursing Home 5 28c. INJURY		28d. DESCRIBE HOW	IN HIEW COOLINGS	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK?	2 NO	200. DESCHIBE HOW	INJUNY OCCURED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUS	IY — At home, farm, stre					
	4 Homicide B Could not be	building, etc. (Sp.	ecify)	er, rectory, office		28f. LOCATION (Street City or Town, State,	end Number or Rural)	Route Number,
<u> </u>	29e. CERTIFIER							
COMPLETED	(Check only	CIAN: To the best of my kno	wiedge, deeth occurred a on end/or investigation,	at the time, date end in my opinion, death	place, end due t occured at the t	o the cause(e) end ma ime, date end place, er	nner as stated. Id due to the cause	(e) and manner es stated.
BEO	296. SIGNADURE AND TITLE OF CENTIFIES	. /		29	LICENSE NUM	BEA	29d. DATE SIGNE	D (Month, Day, Year)
	alle	us		7	098.	31	D 2/	7/97
၉ 📗	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	int)	10/0			116
	Anderson Renic				1			
	FEB	12 1992	Fulia Devidson	-Mindelle				

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.			
37	1. DECEDENT'S NAME (First, Middle, Las	MARIE L.	MAYOR		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH		
100	4. SOCIAL SECURITY NUMBER 217-58-9772	1 □ M 2XXF		F UNDER 1 YEAR IF UNDER 24 HRS. DHTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-6-1897	B. BIRTHPLACE (State or Foreign Country) MICHIGAN		
ror	9a. FACILITY NAME (If not institution, give HERITAGE NURSING		9	b. CITY, TOWN OR LOCATION OF I		COUNTY OF DEATH BALTIMORE		
FUNERAL DIRECTOR	MARYLAND HO	DWARD	10c. CITY,	TOWN OR LOCATION	0771/	10d. INSIDE CITY LIMITS?		
JAL D	10e. STREET AND NUMBER			ELLICOTT 101. ZIP CODE	10	1 TYES 2 THO		
UNE	9505 LONGVIEW DR	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS DECENDENT OF HISP	043 ANIC ORIGIN? (Specify Yea or N	U.S.A.		
BY	1 Never Married 2 Married XX Widowed 4 Divorced	IF YES, GIVE WAR OF	ES 2 LANO R DATES	If yes, specify Cuban, Mexic 1 YES 2 NO Speci	ean, Puerto Rican, atc.) //y:	14. RACE — American Indien, Black, White, etc. Specify: WHITE		
ETEC	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a, DECEDENT'S US (Give kind of wor life, Do NOT use r	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY		
COMPLETED	1 2TH GRADE	College (1-4 or 5+)	HOME I		Н	OME		
BE CO	17. FATHER'S NAME (First, Middle, Lest) ALBERT WISNIEWSKI	[18. MOTHER'S N	AME (First, Middle, Malden Surni HEDING STO	/		
TO B	190. INFORMANT'S NAME (Type/Print) GERARD FISCHER		19b. MAILING AT	DRESS (Street and Number or Rura	Route Number, City or Town, Ste			
	20. METHOD OF DISPOSITION	moval from State	20b. PLACE AND DATE OF	SPOSITION (Name of	DATE 200 LOCATIO	ON City or Town Cont.		
	4 Donation 8 Other (Specify)	ICENSES /	SACRED HEA	RT OF JESUS 22. NAME AND ADDRESS OF P DUDA-RUCK FUNT	ACILITY ACILITY	MORE, MARYLAND		
	· Chell	tolk		17922 WISE AU	NUF DUNDAIK	MD 21222		
	IMMEDIATE CAUSE (Final	. List brily bne cause or	esch line.			intervsi Between		
	disease or condition resulting in death)	a. ARTERIO	S & CONSEQUENCE OF:	CARDIOVASCU	LAR DISET	the genns		
NO	Sequentially list conditions,	disease or condition resulting in death) ARTERIOS CLERATIC CARDIOVAS CILLAR DISEASE GRAND DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DIA BETES METUTUS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury) DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury	c GAN	UGRENE S A CONSEQUENCE OF:	OF LEFT	FOOT	MONTHS		
ERTII	that initiated events resulting in death) LAST	d	S A CONSEQUENCE OF):					
	PART II. Other aignificant condition	ns contributing to death	but not resulting in t	he underlying cause given in	Part I. 24s. WAS AN AUTO			
MEDICAL					1 YES 2	COMPLETION OF CAUSE OF DEATH?		
AN:	25. WAS CASE REFERRED TO MEDICAL					1 TYES 2 NO		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (C) THEP: Wursing Home 5 □ Residence				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year			28d. DESCRIBE HOW INJUR	Y OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, atre- pecify)	ot, factory, offica	281. LOCATION (Street and No City or Town, Stelle)	imber or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSION ONE) 2 MEDICAL EXAMIN	IICIAN: To the best of my known	owledge, death occurred a	t the time, data and place, and du	o 10 the cause(a) and manner e	e stated. 10 tha cause(a) and manner ea stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE NU	MBER 29d.	DATE SIGNED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON W			10)	,6 4	2/7/92		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			20 40 2	-12 -		
	FEB 1	2 1992 July	ia Davidson-Ran	della				

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ly filled in by the ation, or removal.	the medical
in and complete to burial, crem	ther traumatic event, the med
ttending physicia tal Hygiene prior	, or other tra
s been signed by the atte pt. of Health and Mental	ws any injury
ate has	ced, or item 23 shows any
After this certific death with the St	s marked, or it
HAL DIRECTOR: 72 hours after	: If Item 28 i
A THE SHA	MPORTANT

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.
Eiros Adirecto I anti		

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leat) CLIFTON			MCLEOD	2. DATE OF DEATH		3. TIME OF DEATH 8:16 A
	4. SOCIAL SECURITY NUMBER 9943 213-09-0043 9a. FACILITY HAME (If not institution, give s	1 🔀 M 2 🗆 F	78 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) May 22,	1913So	orthpLace (State or Foreign intry) uth Carolina
TOR.	1649 INGRAM F		96	BALTIMORE	DEATH	9c. COUHTY OF	DEATH
DIRECTOR	Maryland 106. COUHT	1		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 HO
FUNERAL	1649 Ingram Ro	oad	•	10f. ZIP CODE 21239		10g. CITIZEN O	F WHAT COUHTRY?
BY	1t. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DATE	2 XNO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 — YES 2 — NO Speci	cen, Puerto Rican, etc.)	or Ho— 14. R/	CE American Indien, seck; White, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementery/Secondery (0-12) 11th Grade	CATION completed) College (1-4 or 5+)		AL OCCUPATION done during most of working lired.) 1 Handling	16b. KIHD OF BUS		
COM	17. FATHER'S HAME (First, Middle, Last) Ollie McLeod		Materia	18. MOTHER'S N	AME (First, Middle, Maiden		nghouse
TO BE	19a. INFORMANT'S NAME (Type/Print) Beverly Woolfo	ord		PRESS (Street and Number or Rural Ingram Road	I Route Number, City or Town		21239
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State 20b.I ceme	PLACE AND DATE OF D	SPOSITION (Name of Cem/Garriso	DATE 20c. LOG	cation - city or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE May L R	ensee		22. NAME AND ADDRESS OF F 2501 Gwynn Baltimore,	S Falls P	Funer	al Homes Ind
CERTIFICATION	23. PART I. Entar the diseases, or o shock, or heart failure. IIMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S. DUE TO (OR AS A C	CONSEQUENCE OF):	tulande	o sus Cu	for //	Approximats Interval Between Onset and Desth
MEDICAL	PART II. Other significant condition	s contributing to death bu	t not resulting in th	a underlying cause given in	Pert I. 24e. WAS AH PERFORI	MED?	No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inpatlant 2 ER/Outpat		26. PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify)					
COMPLETED	29a. CERTIFIER (Check only one) t CERTIFYING PHYSIC ONE)	2IAN: To the best of my knowled R: On the bests of examination	dga, death occurred at	the time, date end place, and during opinion, death occured at the	a to the cause(s) end man	ner es stated. If due to the cause	r(a) and manner as steted.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER			O . C . M .		29d. DATE SIGNE >0 2 - 1 1	D (Month, Day, Year) - 1992
	51. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	411 N.	PENN ST. BA	LTIMORE, M	IARYLAN	D 21201
	FFR Z	982 gina Da	Material miles	Loung B			

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	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	mecn
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Eugenia Miller 2. DATE OF DEATH 02/06/92 3. TIME OF DEATH Elizabeth 14 33 EUMPNIA MILLER 2 92 4. SOCIAL SECUPITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 11/29/09 DAYS HOURS 1 M 2 X F 82 578-20-3619 Germany 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 114 Hearne Court 21401 Annapolis Anne Arundel 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Annapolis 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 114 Hearne Court filled in by the funeral director, page 5 should be detached for use as the bunal-transit on, or removal. 21401 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yee, specify Cubsn, Maxican, Puerto Ri 1 Never Married 2 Married Specify: BY 3 Widowed 4 X Divorced White 16a. DECEOENT'S USUAL OCCUPATION

The blad of work done during most of working COMPLETED 15. DECEOENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Operator/Supervisor Western Union 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 7 Adam Miller Eugenia E. Meehan BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 946 Main Street George A. Prenant Deale Beach, MD 20751 8 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b, PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must of cemetary, cremetory or other place)
Metro Crematory, Inc. 2/10 4 Donation 5 Other (Specify) Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME ANO ADDRESS OF FACILITY Cremation Society of Md, Inc. George E. MacNabb 299 Frederick Rd. Balto., MD 21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel an and completely filled to burial, cremation, the · UNKNOWN- CANDING AMEIT disease or condition resulting in death) < 1 minutes event, OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): certificate has been signed by the attending physician in the State Dept, of Health and Mental Hygiene prior to i, or item 23 shows any injury, or other traum if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpetient 3 | 1004 4 🗆 Nu g Home 5 Realdence 8 C Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ceibe filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, in the control of 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 🗌 Homicide 29a. CERTIFIER
(Check only one)

MEDICAL EXAMINES: On the basis of assemblance and one to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 125812 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lacil EUTERAVM June Sandson-Andell



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MARY A MORGAN YEAR 02 1992 D M 08 7:50 A SOCIAL SECURITY NUMBER 8. AGE (In vrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 4/30/1952 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign BALTO., 216-54-3293 1 🗌 M 2 屎 F DAYS HOURS 39 VRS permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE FUNERAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO 10a. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? use as the bunal-transit 355 ALBEMARLE STREET 21233 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) BY 1 YES 2 X NO Specify. Specify 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname) LINWOOD MORGAN BE MARY L. MORGAN notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 304 N. STRICKER ST. MARY L. MORGAN BALTIMORE, MD 21201 pe 20a. METHOD OF DISPOSITION
1 TX Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State 1 Specify 2 Cremation 3 La 4 Donation 5 Other (Specify) MT. ZION CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE T. Enter the diseases, or complications they canock, or heart to lure. List only one couse medical bused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximete Interval Between IMMEDIATE CAUSE (Finel Onsat and Death the disesse pr condition_ Hypotension DUE TO FOR AS A CONSEQUENCE OF: hours event, resulting in death) Massive 24 hours traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST 6 injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERFORMED? апу COMPLETION OF CAUSE 23 shows 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Tem 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) marked, 28h TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 69 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 58 4 Homicide item 29e, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) end menner as stated IMPORTANT: 3 HE HE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Hu

my

36. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEB ER TOUR

n.p.

32. REGISTRAR'S SIGNATURE AND LESS



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, In THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR				OF DEA		MENTAL HYGII				
	1. DECEDENT'S NAME (First, Middle, Lest) DELORES						2. DATE OF DEATH DAY YEAR 02 07 1992 3:				
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthde		IF UNDER 1 YEAR IF UNDER 24 HRS. 7.				8. BIRTHE	3:15 P M	
	218-07-5890	1 - M 2 - F	70 YRS	. MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 4-24-19		BALT	IMORE, MD.	
DIRECTOR	90. FACILITY NAME (If not institution, give THE JOHNS H	DHC-St. Line 2.	PITAL		TIMORE	CIT			INTY OF DE		
밀	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c.	CITY, TOWN OR	LOCATION				T	10d. INSIDE CITY	
품	MD.			BAL	TIMORE	CITY				LIMITS?	
IAL	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CIT		HAT COUNTRY?	
FUNERAL	2446 COLLOW AVE				212	17			USA.		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2 NO	It.	AS DECENDENT yee, specify Cub YES 2 NO	en, Mexice	HC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No—	14. RACE Black, Specify	— American Indian, White, etc.	
	15. DECEDENT'S EDU	JCATION	16e. DECEDEN	T'S USUAL OCC	CUPATION		16b. KIND OF I	BI ICINECO /IM		SLACK	
COMPLETED	(Specify only highest grade	college (1-4 or 5+)	(Give kind life, Do NO	of work done du Fuse retired.)	ring most of work	ng	Too. Kill Or	DO3114E33/1141	DOSTRI		
S S	17. FATHER'S NAME (First, Middle, Last)		UN#.MP	LOYED	18. MOT	HER'S NAI	ME (First, Middle, Meid	len Surname)			
BE (FLETCHER CONN	IOR			E	LSIE	CONNOR				
2	100. INFORMANT'S NAME (Type/Print) THERESA PEOPLES	TOUNCON	19b. MAIL	NG ADDRESS (Street and Numbe	r or Rural F	Route Number, City or 1	Town, State, Zij	p Code)		
-	20a. METHOD OF DISPOSITION	JUHNSUN			DSON AV	ENHE				223	
	1 Reministration 2 Cremation 3 Rem	noval from State	20b. PLACE AND DA	or other place)	M. TITSH		1	LOCATION —			
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	MT ZIO	N CHME	TERY	SS OF FAC	<u>0-12-90 T</u>	MCCICIAN	JF, MA	RYLAND	
	Mark	L D.R	Grown				WN JR. FU			P.O. BOX 4433	
	23. PART i. Enter the diaeaeas, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	used tha daath. Don each lina.	o not antar ti	ha mode of dy	ing, suct	h aa cardiac or rea	apiratory ar	reat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): I month d.										
AL	PART il. Other aignificant condition	na contributing to deal	th but not reaultin	g in the und	erlying cause	givan in i	Part i. 24s. WAS	AN AUTOPSY		WERE AUTOPSY FINDINGS	
MEDICAL	Congestive he	art tailur	4					ORMED? 2 IX NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF D	EATH (Che	nok onk one)				
Sic	1 YES 2 NO	HOSPITAL:	Dutpatient 3 🗆 DOA	OTHER:			6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Ye	RY 285 1		6c. INJURY AT WORK?		26d. DESCRIBE HOV	V INJURY OC	CURED		
a	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, term Specify)	n, atreet, factor	y, office		261. LOCATION (Stree City or Town, Ste	et end Number te)	r or Rural Ro	ute Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my k	nowledge, death occu	urred at the tim	e, data end place	, end due	to the cause(e) and n	nanner ee sta	ted.		
	29b. SIGNATURE AND TITLE OF CERTIFIE					ENSE NUM					
TO BE	Margaret 30. NAME AND ADDRESS OF PERSON WITH	Devid	DEATH (ITEM 27) /x	ne Printi	p	indi	ng	P (17/9	Month, Day, Year)	
	Takes Hist	na Hospit	al. To	wer	110						
1 1	The state of the s	JE HEURITHAN 3 3	MAIUNE								

sit permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH A	AND MEI	NTAL HYG			
1. DECEDENT'S NAME (First, Middle, Last Henry	MILKE					2. DATE OF DEATH OR DAY 92 YEAR 12:40			12:40 a
4. SOCIAL SECURITY NUMBER 213-03-9226 9a. FACILITY NAME (If not institution, give	XX M 2 D F	AGE (In yrs. lest birthdey)	MONTHS DAY		MIN. 1	DATE OF BIRTH (Month, Day, Yea 1/20/0	12	Country)	ACE (State or Foreign
	ospital		Baltim		TO DEATH			timor	
Maryland Balti		127.75	imore,		ınd				Od. INSIDE CITY LIMITS 3 VES 2 1 NO
ranklin Square Higgs of December 100. STATE 100. COUN Maryland Baltin 100. STREET AND NUMBER 5116 King Avenue	177			21237			US,		AT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAS	YES 2 XNO	If yes	DECENDENT OF specify Cuben,				Snector	- American Indian, White, etc. White
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16e. DECEDENT'S (Give kind of life. Do NOT a	work done during	ATION most of working			mploye		
John Milke 19. INFORMANT'S NAME (Type/Print)		17		Katie	9	First, Middle, Ma Kahle	r		
Arlene Roth			King Av					Code)	
20a METHOD OF DISPOSITION 1/ ABuriel 2 Cremetion 3 Red 4 Donation 6 Other (Specify)	noval from State	Caldens of			2/10/		altimo:		, State
21. SIGNATURE OF FUNERAL SERVICE L	Eunon.	1 tomo	Lass	ano adoness ahn Fun Belair	eral	Home	imore,	Mary	land 21236
23. PART I. Enter the diseases, or shock, or heart failure immeDiATE CAUSE (Final disease or condition resulting in death)	Asyst	e on each line. Ole, cardia	a pulmo			cardiac or r	eapiratory arr	eat,	Approximate interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ling to immediate er UNDERLYING sease or injury ad events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algnificant condition	na contributing to de	eath but not resulting	in the underly	ring cause glv	ven in Part	PEF	S AN AUTOPSY RFORMED?	Al Ci	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH	HOSPITAL: XX	R/Outpetient 3 🗆 DOA	OTHER:	PLACE OF OEA					
Matural 3 Pending	28a. DATE OF IN (Month, Day,	JURY 28b. TIR	AE OF 28c.	INJURY AT WORK?	260		OW INJURY OCC	CURED	
	Accident Suicide 6 Could not be 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)								
		y knowledge, death occurr nination and/or investigation							nd manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	SC~	0		29€ DCEN	SE NUMBER	90	29d. DATE	SIGNEO (M	lonth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	o, Print)						
31. DATE FILED (Month, Day, Year)	12 1992	signature Surial	on-Mangle	处	,				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: H	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	ARET 1		CER		2. DATE OF DEATH MONTH DAY	- 92	3. TIME OF DEATH 30		
	4. SOCIAL SECURITY NUMBER 219-30-7540	1□M2 TxF 9	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mgnth, Day, Year) 9/5/1899	Countr	PLACE (State or Foreign		
TOR	98. FACILITY NAME (If not institution, given BALTO. CO. GI		ITAL		R LOCATION OF DE	ATH 9c.	COUNTY OF D			
DIRECTOR	10a. STATE 10b. COUN	IDALLSTOWN	10c. CITY	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER #10 SPINNERS			101.	ZIP CODE 21133	10g		1 YES 2X NO		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yea, ape	NOENT OF HISPAN	IC ORIGIN? (Specify Yea or No., Puarto Rican, etc.)	USA 14. RACE Black Special	— American Indian, White, atc.		
COMPLETED	15. DECEDENT'S EL (Specify only highest gra- Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	18a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done during mos		16b. KIND OF BUSINES:	S/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) WILLIAM RU	ភាព				AE (First, Middle, Maiden Surna	me)			
TO BE	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural R	LIA RUFF oute Number, City or Yown, Stell				
	MARGARET JONE 20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Re	206	PLACE AND DATE OF	F DISPOSITION (Nar		ANDALLSTOW OATE 20c. LOCATIO	N , MD			
	21. SIGNATURE OF FUNERAL SERVICE		RUTDORT	22. NAME AN	METERY ADORESS OF FAC	ILITY	_	MARYLAND		
	Servery	O. Kly	tt	11600	LIBERT	ETT & SON Y HEIGHTS	VALENIII			
	23. PART Letter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or hear failure. List only one cause of each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
CAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINOINGS									
PHYSICIAN: MEDIC	ENDONTINAL CARCENOMA PERFORMENT 1 YES 2 NO						•	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSEJITAL: 28. PLACE OF DEATH (Check only one)									
	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28s. OATE OF INJURY 28b. TIME OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCUREO INJURY WORK?									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 28a. PLACE OF INJURY — At home, farm, streat, factory, office 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my knowl ER: On the bests of exemination	edge, death occurred and/or investigation,	at the time, data a	nd place, and due to	o the cause(s) and manner as ms, data and place, and dus	stated.	and manner as stated.		
	296. SIGNATURE AND TITLE OF CONTIFE	en C	ud		29c, LICENSE NUME			Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HO/COMPLETED CAUSE OF OE	NTH (ITEM 27) (Type, F	Print) Be	SH R	ANDAILSTO	IN M	1 21133		
	31. DATE FILED MOST PORT	gules bearden								

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tache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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Lillian A. Malone 1. Second Scient Make (Part And Scient) 1. Second Scient Make (Part And Scient) 1. Second Scient Make (Part And Scient) 1. Second Scient Make (Part And Scient) 1. Second Scient Make (Part And Scient) 1. Second Scient Make (Part And Scient) 1. Second Mak		REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO			
TITLE A MAIONE BOOM SECURITY NAMES B SEX STATE A MARK (in yet and schools) Security and schools Security and schools Security Annual Colors on received and schools Security A		1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH								
SOUL SCORT NAMED TO A STATE OF THE PARTY OF		Lillian A. Ma		MONTH PAY O YEAR O 11						
1200 339 22 1 2 2 7 87 WE MANING OF THE PROPERTY SHAPE OF THE PR				(In was lest hirthday)	E INCER 1 VEAR	IE IMPER 14 MPS			1 / / "	
CRUTCH Hospital Corp. Baltimore City Baltimo		120033323	□ M 2 √2 F		7		Dec. 003,19	004	maryland	
STREET MID NAMER'S 8017 Eastdale Road 10. MAD DECEMBER 1. 12. WAS DECEMBED OF HERE AND A DECEMBER 1. 12. WAS DECEMBER 1. 13. WAS DECEMBER 1. 14. WAS DECEMBER 1. 15.	_	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	F DEATH	
STREET MID NAMER'S 8017 Eastdale Road 10. MAD DECEMBER 1. 12. WAS DECEMBED OF HERE AND A DECEMBER 1. 12. WAS DECEMBER 1. 13. WAS DECEMBER 1. 14. WAS DECEMBER 1. 15.	CTOF	Church Hospita	1 Corp.		Balti	more Ci	ty			
STREET MID NAMER'S 8017 Eastdale Road 10. MAD DECEMBER 1. 12. WAS DECEMBED OF HERE AND A DECEMBER 1. 12. WAS DECEMBER 1. 13. WAS DECEMBER 1. 14. WAS DECEMBER 1. 15.	2	10a. STATE MG . 10b. COUNTY	Baltimore	10c. CITY	TOWN OR LOCA				10d. INSIDE CITY	
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DOUBLE SOUTH SAME (post-field) 10. MALING ADDRESS (Short and Authors or Rural Poster Number, or Part Number, or Part Number, or Pa	B⊀		IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify		Sp	pecify White	
DOUBLE SOUTH SAME (post-field) 10. MALING ADDRESS (Short and Authors or Rural Poster Number, or Part Number, or Part Number, or Pa	8	15. DECEOENT'S EDUCAT	ION	16a. DECEOENT'S L	JSUAL OCCUPATI	DN	16b, KIND OF BUS	INESS/INDUSTRY	1	
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DOUBLE SOUTH SAME (post-field) 10. MALING ADDRESS (Short and Authors or Rural Poster Number, or Part Number, or Part Number, or Pa	ő					18. MOTHER'S NA	ME (First, Middle, Melden	Surnama)		
PANT I. I. Other significent conditions, and early in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, and early in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE		-[==	==			
A Docation 5 Other (Speech) 22. NAME AND ADDRESS OF PACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Bolywean chock, or heart saffure. List only one couse on each line. 13. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Bolywean Constitution and the same of the same o		Paul Malone		196. MAILING 80	L7 East	ind Number of Rural F lale Road	Baltimore	n, Stete, Zip Code) Md. 21	.224	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Balwasa abock, or heart safure. List only one ceuse on each line. IlaMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		4 Donation 5 Other (Specify)		PLACE AND DATE OF	FDISPOSITION (NO.	cemetery	2/11/92 F	CATION — City or COSSVILL	Town, State e Md.	
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30. NAME AND ADDRESS OF PERSON WHO COMPLEXED CAUSE OF DEATH (ITEM 27) (Type, Print)					, .,					
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	1 - STATE REGISTRAR		STATE OF MA			RTMENT				MENTAL	REG. NO.	_		
	1. DECEDENT'S NAME (First, Midd	idle, Last)	10			1071.		DLA.			OF DEATH			3. TIME OF DEATH
	Wanda	mon	toru							MONTH 2	- 8	9	Z Z	10:30 Am
	4. SOCIAL SECURITY NUMBER	-	SEX 6	. AGE (In yrs. las	-	IF UNDER 1	-	IF UNDER	24 HRS. MIN.	7. DATE (OF BIRTH , Day, Year)	\ / I	8. BIRTHPI Country)	LACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give street and number)			0	YRS.	AL OFFY		R LOCATIO		7-	237	26		Pa.
E C	THAC	TOTAL STREET,	arra rannoar,			R	0.1	LOCATIO	N OF DE	EATH D		9c. GOUN	LI OF DEA	ATH CO.O.O.I
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	RESIDENCE OF DECEDI					-AL	7	/ / X	2/		Description (1)			
SIR	Md.	RA1+	imore		10c. CIT	Y, TOWN OF		on iddl	~ Di					IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		·IIIOLC					ZIP CODE		-ver		100 CITIZ		AT COUNTRY?
ER/	l Glider Dr	ive							2122	20		Togs Gri	USA	AI COUNTRY?
FUN	11. MARITAL STATUS		. WAS DECEDENT &			13. W	AS DECE	NDENT OF	F HISPAN	NC ORIGIN	7 (Specify Yea	or No—	14. RACE -	- American Indian, White, afc.
	1 Never Married 2 Merri 3 Widowed 4 Divorced		IF YES, GIVE WAR					2 X NO			Ican, atc.)		Specify:	
	15. DECEDEN	NT'S EDUCATION	ON	16a. DE	CEDENT'S	USUAL OC	CUPATION	N		16b.	KIND OF BUS	INESS/INDU	YRTP	AATITICE
	(Specify only high Elementary/Secondary (0-12)	7	pleted) oliege (1-4 or 5+)	(Gr	ive kind of a Do NOT us	work done di	uring most	t of working	9		Note of	III TEGOTICO	3161	
MP	12th													
	17. FATHER'S NAME (First, Middle, Otto	Thom	mean					16. MOTH			liddle, Maiden S	Surname)		
	19a. INFORMANT'S NAME (Type/Pr		pson	198	MAILING	ADDRESS	(Carnot an	- Munhar	Emi	4	Grey er, City or Town	7-7-7		
2	Sandra Hank					Mt.H					er, City or Town et Md.			
	20a. METHOD OF DISPOSITION 2C Burlal 2 Cremation 3	□ Bemmel	4 Danta	20b. PLACE A	ANDDATE	OF DISPOSIT	TION /Nam	ne of		DATE	20c. LOC	CATION — CI		n, Stata
	4 Donation 6 Other (Spec	cify)		com Gard	lens °	of Fa	iith(Ceme	tery	2/1	1/92	Rossv		
	21. 9 QNATURE OF FUNERAL SER	RVICE LICENSE	EE.	1	1			ADDRES			200			
	Connell	u ti	inela	LM	Bul	7/					me 300			21221
	23. PART I. Enter the disees shock, or heert	eflure. List	olicetione that c	aused the de	eth. Do n	ot enter t	he mode	e of dylr	ng, auch	ez cerdi	ec or reepir	ratory arre	et,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition		Cand.		0	.1								Onset and Death
	resulting in death)	a	DUE TO 10	ac a	VIII.	you	mia							
ATION			inchem	11. (0	ndi	MOLLAN	mil	4						
	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF)													
2	CAUSE (Disease or injury													
E	that initiated events resulting in death) LAST Out TO (OR AS A CONSEQUENCE OF):													
		d	Commo	W0 //	Mer	Mu	· .							
SAL	PART II. Other eignificant co	anditions co	ntributing to de	ath but not re	eauiting i	n the und	eriying	ceuse gi	ven in i		24a. WAS AN A PERFORM	MED?	A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO
IAN: MEDIC	Consider that Julio									-	1 _ YES 2 NO			OMPLETION OF CAUSE F DEATH?
	Corgenius man Sparling				<u> </u>	1				- 1	,	•	1	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER? 1 YES 2 NO		SPITAL:	A/Outpatiant 3	□ DOA	OTHER:				6 Other				
	27. MANNER OF DEATH		28a. DATE OF IN. (Month, Day,	JURY	26b. TIMI	7	28c. INJUF	RY AT			28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation			M 1 TES 2 NO										
	3 Suictde 6 Could 4 Homicide determ	d not be mined	28e. PLACE OF IN building, afc.	IJURY — At hon (Specify)	ne, farm, a	itreet, factor	y, office			281. LOCAT	TION (Street an Town, State)	nd Number or	Rural Rou	te Number,
₩ E	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fime, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
	290 SICHATURE AND TITLE OF CECTURED													
	Clasems Whaten MD					29c. LICENSE NUM				BER 29d. DATE SIGNED (Month, Day, Year)				Conth, Day, Year)
۲	30. NAMI AND ADDRESS OF JERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	Jereny DWalston JHGC 5505 Bayriew Cricle, Balts MD 21224													
	FEB 12 1992	, 4	32. REGISTRAR'S	SIGNATURE Andal	2		0			-		1		
	I FO THE LOOP	. (1	1.4001	. 11.10.00										

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the burishment. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF HE	ALTH AND N	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Adolphine		rohr	2. DATE OF DEATH DAY	TE OF DEATH 3. TIME OF DEATH						
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 216-01-8351 1 M 2 K F	AGE (In yrs. lest birthday) 93 YRS.		OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-20-98	OF BIRTH & BIRTHPI ACE (State or Formion					
	9a. FACILITY NAME (If not institution, give street and number) Francis Scott Key RESIDENCE OF DECEDENT	96. CITY, TOWN OR I		9c. COUNTY OF DEATH							
	10a. STATE 10b. COUNTY	y, TOWN OR LOCATION			10d. INSIDE CITY 2. LIMITS? 1 YES 2 \(\subseteq \text{NO} \)						
	10. STREET AND NUMBER 600 N. Bouldin St.		21205		-	OF WHAT COUNTRY?					
	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 IF YES, GIVE WAR	If yes, specif	DENT OF HISPANI	C ORIGIN? (Specify Yaa o , Puerto Rican, etc.)	90	ACE — American Indian, lack, Whita, atc. pocify: White					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) 8 th	(Give kind of w life. Do NOT us	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working fe. Do NOT use retired.) Seamstress			KIND OF BUSINESS/INDUSTRY Hochild Kohn					
BE CO	17. FATHER'S NAME (First, Middle, Last) Adolph Perority	18	1a. MOTHER'S NAME (First, Middle, Meiden Surname) Carrie Zimmerman								
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO	19a. INFORMANT'S NAME (Type/Print) Vera Ma Gray		DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bouldin St., Balt., Md. 21205								
	20s. METHOD OF DISPOSITION 1 X Burla! 2 Cremetton 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, or other place) Sacred Heart of Jesus 2/13 Balts, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd., Balt, Md 212										
	23. PART I. Enter tha diseases, or complications that caused the abock, or haert fellure. List only one ceuse on anch line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
	PART II. Other eignificent conditions contributing to dee Chronic hypoxia Ankle Fracture Dementia	n the underlying ca	ouae given in P	art I. 24e. WAS AN AL PERFORMI	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specity)										
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 26a. DATE OF INJU (Month, Day, N	2 NO	28d. DEŞCRIBE HOW INJURY OCCURED O								
	3 Suicide 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28b. UCATION (Street and Number or Rural Route Number, City or Town, State)										
	29a. CERTIFIER (Check only one) t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Year)										
유	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Pype, Print) Will Myden, M. Francis Scott Key Medicul Center, 4940 Easter Are, Bulto, UM 31. DATE FILED (Month, Day, Year) F. D. 1 9 1002 32. REGISTRAR'S SIGNATURE 2124										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAF ERTIF	RTMEN	T OF H	IEALTH DE AT	AND I	MENTAL	. HYGIEI	NE	2 0	3826
	1. DECEDENT'S NAME (First, Middle, Last) Charles c X	*XXXXXXXX	NOLTE,						2. DATE MONTH J-41-	OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-05-4493	5. SEX 1 XM 2 F	6. AGE (In yrs. In	est birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	Z DATE	DE BIRTH Day, Year)	13	Country	PLACE (State or Foreign
N.	9a. FACILITY NAME (If not institution, give s Union Memoria	street and number). al Hospit	tal		9b. CIT	Balt	O .	ON OF D		13	_	UNTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND	Y		10c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 835 WEST 38	TH STREE	T			101	. ZIP CODI	121	1		10g. CIT	TIZEN OF W	HAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 (X NO Specify: Sp				14. RACE Black, Specifi	- American Indian, White, etc. y: WHITE						
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 8 TH	CATION completed) College (1-4 or 5	+)	ECEDENT'S Give kind of e. Do NOT us TLKMA	work done se retired.)	during mos		ng .	16b.	GREE		DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) BERNARD NOLTE							ELEA	ANOR	liddle, Malder	Surname)	数) 5	SLADE
2	19e. INFORMANT'S NAME (Type/Print) CHARLES NOLTE,	JR.	11							er, City or Tox TIMOR			ND 21214
	20e. METHOD OF DISPOSITION 1 Several 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE cemetery, or PARK	ematory or o	CEMI)			12/92			ORE,	MARYLAND
	· a. Blan	Seit	E. In			A. 381	ALAN 8 RO	SEI	ETZ,	JR. F	BALTO). M	ME D. 21211
	23. PART I. Enter the diseases, proshock, pr heart failure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	a. Pull	iee Dn each lin	е.		r the mod	de of dyl	ng, suc	h aa card	ac or reap	iratory ar	reat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	(OR AS A CONSE										
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition Right CVA Preumoni GI bleec	0	death but not	reaulting	in the u	nderlying	cause g	liven in	Part I.	24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHE	R:			8 Cher				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIM		26c. INJL WOR	JRY AT			RIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — Al he etc. (Specify)	ome, larm, s	treet, fac	tory, offica			281. LOCA City o	TIDN (Street Town, State)	and Number	or Aurel Ac	oute Number,
COMPLET	29e. CERTIFIER (Check only one) t CERTIFYING PHYSII 2 MEDICAL EXAMINE	CIAN: To the bast of R: On the basis of ea	my knowledge, di camination and/or	ath occurre	nd at the t	time, data i	and place, ath occur	and due	to the caus	e(a) and ma	nner ae atai	ted.	and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	nio					29c. LICE				29d. DAT		Month, Day, Year)

201 E. UNIVERSITY PKWAY, BALTO., MD. 21218

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

FFR 12 1992

32.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	DEPARTMENT	OF HEALTI	1 AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEA	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	DEATH AND	MENTAL HYGIEI		00027
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
- 1	MARGARET ELIZ					2 /	1 92	
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. 8	IRTHPLACE (State or Foreign country)
1	212-10-3172 9a. FACILITY NAME (If not institution, give a	47 01				NOV. 19,1		MARYLAND
œ					OF LOCATION OF D	EATN	9c. COUNTY	OF DEATH
DIRECTOR	ST. AGNES HOSPIT	AL		BALTI	MORE			
RE	10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?
		TIMORE		CATONS				1 TES 2 NO
BY FUNERAL	10s. STREET AND NUMBER				. ZIP CODE			OF WHAT COUNTRY?
W.	APT. 221 CHAPEL	COURT-CHARLE 12. WAS DECEDENT EVER IN			21228		U.S.	
3	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	It yes, sp	ecity Cuban, Maxica	NIC ORIGIN? (Specify Youn, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR ON DA	NES	1 TES	2 NO Specif	у:		Specify: WHITE
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION done during me	ON ast of working	18b. KIND OF BU	JSINESS/INDUST	RY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	retired.)	or or worrang			
Ž	11TH GRADE		HOMEMA	KER				
	17. FATNER'S NAME (First, Middle, Lest) WALTER W. THOM	DETNO				ME (First, Middle, Maide		
BE	19a. INFORMANT'S NAME (Type/Print)	IFKINS	10h MAILING	DDBECC /Street		E E . VOLKN		21228
임	MRS. KATHRYN HE	ENDERSON						SVILLE, MD.
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF				OCATION — City of	
	1 N Burial 2 Cremation 3 Rame 4 Donation 8 Other (Specify)		etery, crematory or oth	er plecel			LTIMORE	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	1	22. NAME A	D ADDRESS OF FA	CILITY		
	XIONAL	LAN	4			AL HOME IN		VD 01000
	23. PART I. Enter the diseases, or o	omplications that caused	The deeth. Do no	t enter the mo	de of dying, auc	h as cerdlec or rear	piratory arrest.	MD. 21229
	ahock, or heart fellure. I	List only one ceuse on ea	ich line.				5-111 5005011	Interval Batween Onset and Death
- 1	disease or condition resulting in death)	Seesi	2					
		DUE TO (OR AS A	CONSEQUENCE OF)					
<u>ج</u> ا	Sequentially list conditions,	Live	absc					4
RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF					
	resulting in deeth) LAST	•	e south the					
S	PART II Other elecitions condition							
SAL	PART II. Other aignificent conditions	i contributing to death bu	It not resulting in	the underlyin	g cause given in		NAUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI						1 YES	2 🗌 NO	OF DEATH?
						- 1		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 BI	ACE OF DEATH (Ch	ant anti-one)		
SIC	EXAMINER? 1 YES 2 - NO	HOSPITAL:		OTHER:		6 Other (Specify)		
₹	27. MANNER OF DEATN	28s. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT	26d, DESCRIBE NOW	INJURY OCCURE	D
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? (ES 2 NO			
	3 Sulcide 6 Could not be	28a. PLACE OF INJURY building, atc. (Speci	- At home, farm, atr	set, factory, offic		261, LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,
	4 Homicide determined					ony or nown, state	,	
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the beat of my knowle	odge, death occurred	at the time, data	and place, and due	to the cause(a) and ma	inner as stated,	
Š	one) 2 MEDICAL EXAMINE	R: On the beals of examination	and/or investigation,	In my opinion, d	eath occured at the	time, data and place, a	nd due to the cau	se(a) and mannar as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			NED (Month, Day, Year)
0	ym.	and			0340	トフ	>21.	11/92
-	30. NAME AND ADDRESS OF PERSON WHO							
	Gar, Apple	saum mo	711	pr. 41.	Per (4	10/12 C	200	21228
	FEB 1 2 1992	32. REGISTRAR'S SIGNA	D					
	1000	a mulacort	More					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 . FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	7 TAL HYGIENE	2 03828
	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) R 1 77-1 (DECEDENT'S NAME (First, Middle, Last)	REG. NO. ATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DA	ATE OF BIRTH forth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
TOR	9e. FACILITY NAME (If not inetitution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH SINAI HOSPITAL BALTIMORE CT		BALTO MD
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE CITY		10d, INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 3412 PIEDMONT AVENUE 21216	10g. CITIZ	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puer If yes, give war or dates 13. Was DECEDENT OF HISPANIC OR If yes, specify Cuben, Mexicen, Puer I Yes 2 NO Specify:	IGIN? (Specify Yee or No rto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	166. KIND OF BUSINESS/INDU	BLACK
BE COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (Fir 1RVIN HARVEY MACKEY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route N		
2	MICHAEL PERRY 3412 PIEDMONT AVE	BALTIMORE, DATE 20c. LOCATION — C	MD 21216
	t IA Burlai 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYET 4600 LIBERTY	ARBUTUS T & SON FU	MARYLAND NERAL HOME
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as c simmediate CAUSE (Final disease or condition a. SEPS(S)	ardiac or respiratory arre	at, Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PARUMON DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 HOSPITAL: 1 Hospital:		
ВУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation 3 Suicide 9 Could call by 280. PLACE OF INJURY A T NOTICE 1 To Suicide 1 To Suicide 280. PLACE OF INJURY A T NOTICE 1 To Suicide 280. PLACE OF INJURY A T NOTICE 1 To Suicide 280. PLACE OF INJURY A T NOTICE 1 To Suicide 280. PLACE OF INJURY A T NOTICE 1 To Suicide 280. PLACE OF INJURY A T NOTICE 1 TO Suicide 280. PLACE OF INJURY AT NOTICE 280. INJURY	DEȘCRIBE HOW INJURY OCCU	
COMPLETED		OCATION (Street and Number of ity or Town, Steta)	
ш	2 MEDICAL EXAMINER: On the beals of exemination and/or investigation, in my opinion, death occured at the time, di 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	ate end place, and dus to the	ceuse(s) end menner es stated. SIONED (Month, Day, Yeer)
TO B	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	1 2	41492



CHARLES CA
31. DATE FILED (MONTH, Day, Year)
FEB 1 2 1992

CANNITOLARO

P. PEGISTAR'S SIGNATURE TUNIA DANGSON-Mandall

O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	VYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other trauma

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH 1 - STATE

_	TICOIOTTO II				JEITH III	IOAII	- 01	DEA	* * *		HEG. NO.			
	1. DECEDENT'S NAME (First, Mick DOROTHY B)		POWELL							2. DATE	OF DEATH	w 10	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1.	SEX	6. AGE (In yrs.	f								92	1915 P M
			□ M 2 K F		9 YRS.	IF UNDES	DAYS	HOURS	MIN.		DE BIRTH Day: Year)		Country	
	218-28-4117 9a. FACILITY NAME (If not instituti) 7 THS.						/29/22			TH CAROLINA
œ 1	ST AGNES HOS		•						ON OF DE	ATH		9c. COUI	ITY OF OE	ATH
2	RESIDENCE OF DECED						BALT	IMOR	E			<u> </u>		
낊		COUNTY			10c. CIT	TY, TOWN	OR LOCAT	ION					T	10d, INSIDE CITY
8	MD.						BALT	IMOR	E					LIMITS?
4	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CITI		HAT COUNTRY?
E	2411 ARUNAH A	AVENUE						2121	6				USA.	
FUNERAL DIRECTOR	11. MARITAL STATUS		. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN	(Specify Yes	or No-	14. RACE	— American Indian, White, atc.
BY F	1 Never Married 2 Marri	led	IF YES, GIVE V	YES 2)	NO				in, Maxicar Specify:	n, Puerto A	Ican, etc.)		Black, Specify	
	3 Widowed 4 Divorced												BĽ	ACK
COMPLETED	15. DECEDEN (Specify only high	HT'S EDUCATION OF THE PROPERTY		16a.	(Give kind of	work done	CCUPATIO	ON st of worldr	ng	18b.	KIND OF BUS	SINESS/IND	USTRY	
۳	Elementary/Secondary (0-12)	C	ollege (1-4 or 5	+)	HOUSE					- 1				
N N					HOOSE	WILL								
8	17. FATHER'S NAME (First, Middle, OSCAR BRA)	•						18. MOTI	HER'S NAM	ME (First, M	iddle, Maiden	Sumame)		
HH H	19a. INFORMANT'S NAME (Type/P)		_								FADDEN			
2	KENNETH POWET										er, City or Town			
	20a. METHOD OF DISPOSITION								E, B.		IORE,			
	1 Denation 5 Other (Spec		from State		EAND DATE				TERY	DATE		CATION —	-	
	21. SIGNATURE OF PUNEMAL SEE		EE A	77					SS OF FAC	2-14	-912 OW	INGS 1	IILLS,	MARYLAND
	· MA OS			14.							מוזים כ	TAGT	LOME	, P.A.
_	Ina	1	$\sim \nu$	- Or	_	19	13 W	BALI	TMORE	ST.	BALTO.	MD. 21	.223;	P.O. BOX 4433
	23. PART I. Enter the disease shock, or heart	ses, or com	plications the	t caused the	daath. Do	not antar	tha mo	da of dy	ing, such	as card	sc or respi	ratory arr	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Final													Onset and Death
ĺ	disease or condition resulting in dasth)	a	PROB.	ABLE CI	EREBRO	VASC	ULAF	ACC	IDEN	T (C)	LINICA	L HI	STORY	days
				(OR AS A CON							-			
8	Sequantisity list conditions,	_ b_		OF LEFT			SIS	AND	OBTU	NDAT	ION) -	AUT	OPSY	
Ě	if sny, leading to immediate cause. Enter UNDERLYING			OR AS A CON		*	DES	CMS	FYAM	TNAT	TON			
MEDICAL CERTIFICATION	CAUSE (Disease or injury that initiated events	c		(OR AS A CON			DLO	OIND	LAMI	IIIMI.	1011.			
	resulting in death) LAST	د				. ,.								į l
핑 !!		d												1
¥	PART II. Other eignificant co	onditions co	ontributing to	death but no	t rasulting	In the ur	ndarlyln	g csusa g	given in i	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	Chronic rei			(dialys	sis de	pena	ent)				1X YES 2			COMPLETION OF CAUSE OF DEATH?
핗	Diabetes me	ellitu	IS											1 X YES 2 □ NO
ä														
ĕ.	25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:					ACE OF D	EATH (Che	ck only one)			
ĮŠ.	1 TYES 2 NO	18	Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nur		o 5 □ Re	sidenca (6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE OF (Month, D		28b. TIN	IE OF	28c. INJ WO	URY AT		28d. DE\$0	CRIBE HOW IN	JURY OCC	URED	
B≼	1 Natural 5 Pendi 2 Accident	ing tigation				М	1 🗆 1	ES 2	NO					
	3 Suicide a Could		28s. PLACE O building,	F INJURY - At etc. (Specify)	homa, farm,	straet, lact	ory, offici			28f. LOCA City o	TION (Street a	nd Number	or Rural Ro	ute Number,
Ë .	4 Homicide detarr	mined												
교	29a. CERTIFIER 1 CERTIFYIN	IG PHYSICIAN	: To the best of	my knowledge,	death occurr	ed at the t	ime, data	and placa,	, and dua t	to the caus	e(s) and man	ner as atat	ıd.	
COMPLETED	one) 2 MEDICAL I	EXAMINER: O	n the basis of a	xamination and/	or investigation	on, in my o	pinion, d	eath occur	ed at the I	lime, data i	and place, and	dua lo lh	cause(s)	and menner as stated.
BE C	296. SIGNATURE AND TITLE OF	ERTIFIER	. /)				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)
	A	m	E. K	ecds	nD			D4	1843				2/11/	N 200 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2	30. NAME AND ADDRESS OF PER	SON WHO CO	MPLETED CAUS	SE OF DEATH (TEM 27) (Type	, Print)						 -		
	Ann E. Reed	M.D.	900	Caton A	Avenue	, Ba	1tim	ore.	Mar	ylan	d 2122	9		
	31. DATE FILED (Month, Day, Year)	4000	32. H959TRA	DELY CLOCK	Bulan	2.								
	FEB 12	1992	Julian	hamiatou.	Marian									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEARD LORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and with the State Dept. of Health and Mental Hypinen prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other travmatic event, the medicial examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND	MENTAL HYGIEI		00030
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	SANDRA	MURRAY	RO	BINSON		SOUTH -	1997	1 6 08 P H
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month Day, Year)	0. B	IRTHPLACE (State or Foreign
	218-36-0508	1 🗌 M 2 💢 F	55 YRS.	MONTHS DAYS	HOURS MIN.	Sept 22	1000	Marvland
_	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN O	R LOCATION OF		9c. COUNTY C	
DIRECTOR	Baltimore Coun						Ba 1	ltimore
	Maryland Ba	ltimore	10c. CI1	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			100	ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
밀	7416 Prince G				21208			ISA
윤	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2 NO	13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Specify Yes	es or No- 14. R	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 🔯 Divorced	IF YES, GIVE WAR OR DA	ATES Th		2 NO Spec			Specify:
1	15. DECEDENT'S EDUC	CATION	16e DECEDENT'S	USUAL OCCUPATION	NA .	401 1/110 05 01		Black
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo	st of working	186. KIND OF BU	JSINESS/INDUSTR	IY
PL		ollege	Teac			Dalta	0:1 0	mla and Count
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	riege	reac	ner	10 MOTHED'S N	AME (First, Middle, Maider		chool Syst.
В	George D. Mi	ırrav					n Sumeme)	
8	19a, INFORMANT'S NAME (Type/Print)	allay	105 MARING	ADDRESS /Smed a		ner Brown Route Number, City or Tox		
5	Tonya Robins	son				r Road		
	20e. METHOD OF DISPOSITION			OF DISPOSITION (Na				
	1 Burlet 2 Cremetion 3 Remo	oval from State cem	etery, crematory or o	ther place)			OCATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ecurity	Proce	SS D ADDRESS OF E	2/12 Ca	tonsvi	lle, MD
	· Vernon (Bailey		2501 Balt	Gwynr	ns Falls MD 212	r Funer Parkwa 16	cal Homes Inc
	23. PART I. Enter the diseases, or c	omplications that caused List only one cause on ea	the deeth. Do r	not enter the mo	de of dying, su	ch as cerdiec or resp	piratory srrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	HULL TO CORNS A	· 0	levely	Our D			interval Between Onset and Desth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		F):				
PHYSICIAN: MEDICAL	PART II. Other significent condition	edama of	lefs le	in the underlying	ceuse given is	PERPQ		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCDITAL			ACE OF DEATH (C	heck only one)		
S	1 TYES 2 NO	HOSPITAL: 1 ☐ InpetIent 2 ☐ ER/Output	itlent 3 DOA	OTHER: 4 Nursing Home	5 🗆 Rasidence	8 Other (Specify)		
H	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(mondi, Day, really	1140		ES 2 NO			
COMPLETED E	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, s	street, fectory, office		28f. LOCATION (Street City or Town, State)	and Number or Rur	rai Route Number,
۳	29e. CERTIFIER	NAM: To the heat of my knowle	due de about					
ME	(Check only one) MEDICAL EXAMINER	CIAN: To the best of my knowled: On the basis of exemination	end/or investment	n in my pololon	end piece, end du	a to the cause(s) end me	nner as stated,	
- 13	29b. SIGNATURE AND TITLE OF CERTIFIER		vengello	,y opinion, de			nu gue to the caus	requi and manner es atated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO	DENITU M PO KEN	BAMINI	1	DOI	MBER S	P GOCK	NED (Month, Day, Year)
	STANLEY Z. &	elsenber 116	IR	chase	80 2	202		
	FER !	32. REGISTRUR'S SIGN	lie Davidson	-Adridate				



13146,	
O. BOX	1
S, P.	
RECORDS, P.O. BOX	
N OF VITAL	
DIVISION	

	secondary at the board of them 90 shows any injury or other traumatic event the mailed by amile he notified at once	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Lest) RICHARD ROBERT RA	ADKE				2. DATE OF DEAT MONTH FEBRUARY	r 10 199	ŽEAR 3.	3:25P M
	4. SOCIAL SECURITY NUMBER 111-22-6130	1¥ M 2 □ F 76		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTH	ľ5	KANS.	
TOR	98. FACILITY NAME (If not institution, give s VA MEDICAL CENTER RESIDENCE OF DECEDENT			FORT H	OWARD	EATH	100	IMORE	
DIRECTOR	10e. STATE 10b. COUNT MARYLAND BALTI		10c. CITY,	TOWN OR LOC	Middle R	iver			d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER 9420 WINDPINE ROAI)			1220			ED ST.	ATES
B	11. MARITAL STATUS 1 Never Merried 2 💢 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES GIVE WAR OR DO NO. 2 - KO	2 NO ATES	It yes, a	CENDENT OF HISPA pecify Cuban, Maxico S XIX NO Specifi	n, Puerto Ricen, etc	y Yee or No—	Specify:	Americen Indian, /hite, stc. WHITE
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use	ork done during n retired.)	ost of working		F BUSINESS/IND		
COMPLET	17. FATHER'S NAME (First, Middle, Lest) EDMOND RADKE		CONTRACT	SPECI	16. MOTHER'S NA	U.S. (ME (First, Middle, M. WHITTIEI		ENT	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural		-	Code)	
2	CLINICAL RECORDS				INT ROAD				1052
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Ren 4 Donetion 5 Other (Specify)	noval from State	o PLACE OF DISPOSI Cother place) INCER MOU	nt Coon	natoru 2	-12-92	Baltim	оле.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Char	and address of fulles S.Ze	iler & S	on Inc.	901 . Conk	S. Ling St.
CERTIFICATION	23. PART I. Enter the dieeeses, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BESPIRATOR DUE TO (OR AS A COPD) DUE TO (OR AS A COPD)	ech line.	E :					interval Between Onset end Desth
MEDICAL CER	PART II. Other significent condition	ns contributing to desth t	out not resulting l	the underly	ng cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 X NO	C	FERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
HYS	27. MANNER OF DEATH	1 (X Inpatient 2 ☐ ER/Out	28b. TIME	OF 28c. I	ome 5 Residence	28d. DESCRIBE I	<u> </u>	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	JUNI		YORK? YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, at icity)	treet, factory, of	lica	28t. LOCATION (S City or Town,		r or Rural Rou	te Number,
COMPLETED	1 1	SICIAN: To the best of my know HER: On the basis of examination							ind menner ee stated.
ш	295. SIGNATURE AND TITLE OF CERTIFIC	A O		· · · · · · · · · · · · · · · · · · ·	29c. LICENSE NU		29d. DAT	E SIGNED (N	fonth, Pay, Year)
TO B		2002m			D305	28		2/10	192
	DUGGIRALA, BALA	96	500 NORTH		ROAD, FO	RT HOWAR	D, MD.	21052	
. 4	31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGN	NATURE A. Alanda M.						



BALTIMORE, MARYLAND 21215-002	nours after death. Page 6 may be retained by the hospital or attending phy	d in by the funeral director, page 5 should be detached for use as the built enoval.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burbe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, L.		DOMME		2. DATE OF DEATH	OO YEAR	3. TIME OF DEATN
George	William	ROMMEL		02 th 08 day	92 YEAR	3:30 a,
4. SOCIAL SECURITY NUMBER	The state of the s		UNDER 1 YEAR SF UNDER 24 HRS. INTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUGS, 1912	Count	0.40
9a. FACILITY NAME (If not institution, g			D. CITY, TOWN OR LOCATION OF		Sc. COUNTY OF E	
FRANKLIN SO RESIDENCE OF DECEDENT 100. STATE 100. COI PARYLAGO BA		IAL	Kassans		Balt	imore
PARYLARO BA	INTY CO. D.S.	10c, CITY, 1	OWN OR LOCATION	J. J. Ton		10d. INSIDE CITY LIMITS?
	XI II.OK		AROSY 101, ZIP CODE		10g. CITIZEN OF	1 TES 2 NO
104. STREET AND NUMBER 98.35 A 11. MARITAL STATUS	GLSOT RO	OA	21234		U.S	A-
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Yes or	r No- 14. RAC	E — American Indian, k, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES 2 ST NO Spec		Spec	HITE
15. OECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)		16a. DECEDENT'S US (Give kind of work	done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY	111.2
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do NOT use n	TION SUBR.	POSTEY	B. v.	Food STORY
17. FATHER'S NAME (First, Middle, Last)	0			AME (First, Middle, Maiden Su	mame)	LOSU 21018
JEORGE	Wn. Konn	751	LAT	HERINS	WARD	
198. INFOHMANT'S NAME (IVDAY-TIN)		19b. MAILING AD	ORESS (Street and Number or Rura	Route Number, City or Town,	State, Zip Code)	872 P
20a, METHOD OF DISPOSITION	CORDS	Ob. PLACE AND DATE OF E	Ame As Ac	SOVS		100
1 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)		emetery, cremetory or other		13-10 0	TION — CHY or TO	MARY AND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF F	ACILITY CO.		THINEHIU
Have to	Even		3800 HART		Packing	15
iMMEDIATE CAUSE (Final disease or condition resulting in death)	azoten	A CONSEQUENCE OF):				Interval Between
If any, laeding to immediate cause. Enter UNDERLYING	dehydr	A CONSEQUENCE OF):				
CAUSE (Disease or injury that initiated evente	<u>. </u>	A CONSEQUENCE OF):				
Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	d					
	tione contributing to deeth	but not resulting in t	he underlying ceuse given is	Pert i. 24s. WAS AN AU	TOPSY 24b	. WERE AUTOPSY FINDINGS
PART il. Other aignificent condi		No. of the		PERFORME 1 PES 2	107	AMAILABLE PRIOR TO COMPLETION OF CAUSE
					160	OF DEATN?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			
27. MANNER OF DEATN	1) Inpatient 2 ER/Ou 28e. DATE OF INJURY	7 28b. TIME O	Nursing Home 5 Residence F 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE NOW INJU	JRY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES 2 NO		on oddones	
3 Suicide 6 Could not determined	Dullding, atc. (So	RY — At home, farm, strac pecify)	rt, factory, offica	28f. LOCATION (Street and City or Town, State)	Number or Rural F	Route Number,
29a. CERTIFIER 1 CERTIFYING PM	IYSICIAN: To the best of my kno	owiedge, death occurred a	t the time, data and place, and du	a to the severals) and mann	d an about	
			my opinion, death occured at the) and manner as stated.
296. SIGNATURE AND TITLE OF CERTI	FIER Moson M	^	29c. LICENSE NU	MBER 2	9d. DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON		DEATN (ITEM 27) (Type, Pri	10)		2/8/	72
	n Square Driv					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG					
CED 1	2 1992 Juli	a Davidson-Alan	delle			

OUNU 10 Per 1/0

	No.
1	1 1
	1
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BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-years after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	RALPH V. R		105 //					02	0.8	92 92	8 P.M.
	173-03-3954	5. SEX 8.	. AGE (In yrs. In		ONTHS DAY		MIN.	7. DATE OF 1 (Month, De 02 2			RTHPLACE (State or Foreign buntry) VIRGINIA
OR	9a. FACILITY NAME (If not institution, give UNION MEMORIAL			5	BA	LTIMO		EATH	90.	COUNTY O	
риестоя	MARYLAND	Υ			TOWN OR LO						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 4435 NEWPOR	T AVENUE				101. ZIP CO	DE 1211		10	g. CITIZEN (OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT F FORCES? 1 F IF YES, GIVE WAF	YES 2	RMED NO	If yes		an, Maxica	in, Puerto Rica	specify Yea or N n, etc.)		NACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15, DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 8TH		(C	ECEDENT'S UP Give kind of wo DO NOT USE IACHIN	rk done during retired.)		king	16b. KII	OF BUSINES	SS/INDUSTR	Y.
COM	17. FATHER'S NAME (First, Middle, Last) JAMES A. R	HODECAP	1	MOIIIN.	601	16. MO		ME (First, Midd	lle, Maiden Sum	ame)	
BE	19a. INFORMANT'S NAME (Type/Print)	NO DE OTTE	16	Db. MAILING A	DDRESS (Stre	et and Numb			City or Town, St	ate, Zip Code)
2	SIDNEY STERLING								, MARY		21128
197	20s. METHOD OF DISPOSITION 1 Burgal 2 Transation 3 Barrows from State			E AND DATE	OF DISPOSIT	ON (Name		DATE	20c. LOCATI	ON — City o	or Town, State
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME)ME		
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSI	EOUENCE OF)							
MEDICAL C	PART II. Other significant condition	na contributing to d	esth but not	resulting in	the under	ying cause	given in	7	PERFORMED YES 2	07	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reliating 8 Other (Specify)										
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(JUNY (Year)	nt 3 DOA 4 Nursing Home 5 Reduction Char (Specify) 28b. TIME OF NJURY AT WORK? M 1 YES 2 NO			ED					
TED TED	2 Accident Investigation 3 Suicide Sui							ural Floute Number,			
MPURIANI: IT ISOM Z	CONSULT ONLY	SICIAN: To the bast of m									use(a) and manner as stated.
TO BE C	206 SIGNATURE AND TITLE OF CERTIFIE) and	P				D 2	3076			ONED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	-UIIS T	OF DEATH (IT	EM 27) (Type,	eltir	ure	M	'al	212)	
	31. DATE FILED (Morith, Day, Year) FEB 12 199	HO COMPLETED CAUSE CUIS 32. REGISTRAR 2 GUIAN	S SIGNATURE	and see			- 0	173			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALLIMORE, MARYLAND 21215-0020	BALLIMORE, MARYLAND 21215-0020
TO THE HIGSPIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

FEB 1 2 1992

July Jangson - MATTER

1. DECEDENT'S NAME (First, Middle, La	STEWAH JOH		EWARD)	REG. NO. 2. DATE OF DEATH MONTH DATE	YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.		6. 6	SIRTHPLACE (State or Foreign
220-14-130		71 YRS.	NTHE DAYS HOURS MIN.	(Month, Day, Year) 5-25-20		N.C.
Sa. FACILITY NAME (It not institution, gl	SPITAL COP		CITY, TOWN OR LOCATION OF	ORE CITY	9c. COUNTY	OF DEATN
RESIDENCE OF DECEDENT			OWN OR LOCATION	AL CITY		104 INSIDE CITY
Md.		B	LTIMORE	-		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 201 N. WASHING	TON ST. APT.	1100	101. ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER		21231	ANIC ORIGIN? (Specify Yes		RACE — American Indian,
1 (X) Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	3 2 X NO	If yes, specify Cuban, Max 1 YES 2 NO Spe	ican, Puarto Rican, atc.)		Black, While, atc. Specify: BLACK
15, DECEDENT'S I (Specify only highest g		16a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIND OF BUS	INESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	LABORI	done during most of working etired.)	CONSTR	UCTION	
17. FATHER'S NAME (First, Middle, Last)		ENDOR	16. MOTHER'S	NAME (First, Middle, Maiden :		
				STEWARD		
190. INFORMANT'S NAME (Type/Print) VALERIE BOWMAN			COLLINGTON AV			*
20a. METHOD OF DISPOSITION 1 V Burlel 2 Cremation 3 5 5	Removal from State	Ob. PLACE AND DATE O		DATE 20c. LOG	CATION — City	or Town, State LE, MD
21. SIGNATURE OF FUNERAL SERVICE		VESTERN STA	22. NAME AND ADDRESS OF		ONSVIL	LL, NO
+ Klinesba	LIKE		WM.C.MARCH F	.H./1101 E.	NORTH	AVENUE
23. PART 1. Enter the diseases, ahock, or heert failu IMMEDIATE CAUSE (Finel	or complications that cause ire. List only one cause on		enter the mode of dying, a	uch as cardiec or respi	ratory arrest	Approximate Interval Betw
disease or condition resulting in death)	8.		STOMALY CO	4		7 Month
	DUE TO (OR AS	A CONSEQUENCE OF):				200
	b					
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C			1111		
if any, leading to immediate cause. Enter UNDERLYING	C	A CONSEQUENCE OF):				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	the underlying cause given	in Part 1. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDING
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):	the underlying cause given	In Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAUS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	the underlying cause given	PERFOR		AVAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the cause of the	d	but not resulting in	26. PLACE OF DEATN	PERFOR 1 VES 2 (Check only one)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are caused to the conditions of the conditions of the caused to the caused the	d	but not resulting in	26. PLACE OF DEATN DTHER: Nursing Home 5 Residence DF 28c. INJURY AT	PERFOR 1 VES 2 (Check only one)	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions to the condition of the conditions of the conditions of the cause of the ca	d	but not resulting in utpetiant 3 DOA 4 y 28b. TIME 6 NJUE	26. PLACE OF DEATN DTHER: Nursing Home 5 Resident Y WORK? M 1 YES 2 NO	PERFOR 1 YES 2 YES 2	MED? NO	AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are caused to the condition of the condition of the caused to the caused the c	DUE TO (OR AS d	but not resulting in ulpetient 3 DOA 4 Y 280. TIME 1 INJUE	26. PLACE OF DEATN DTHER: Nursing Home 5 Resident Y WORK? M 1 YES 2 NO	PERFOR 1 VES 2 (Check only one) De 6 Other (Specify)	MED? NO	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the conditions of the conditions are successful to the cause of the ca	d. DUE TO (OR AS d. HOSPITAL: 1 Inpetlant 2 ER/Out (Month, Day, Year) 28e. PLACE OF INJUIN building, etc. (Sp.	but not resulting in utpetient 3 DOA 4 Y 28b. TIME (INJUE) RY — Al home, farm, stropocity)	26. PLACE OF DEATN DTHER: Nursing Home 5 Residence TY WORK7 1 YES 2 NO est, factory, office	(Check only one) 26 Other (Specify) 28d. DESCRIBE NOW II 26f. LOCATION (Street a City or Town, State)	NO NO NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions are sufficient conditions ar	d	but not resulting in utpetiant 3 DOA 4 Y 28b. TIME (INJUE) RY — Al home, farm, strosofy)	26. PLACE OF DEATN DTHER: Nursing Home 5 Resident Y WORK? M 1 YES 2 NO	(Check only one) Ce 6 Other (Specify) 28d. DESCRIBE NOW II 28f. LOCATION (Street a City or Rown, State)	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Sharp YEAR 92 -4CILL 3 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 1 M 2 FF DAYS HOURS MIN. 214-40-5522 Virginia use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Sinai Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland YES 2 NO 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRYS 5016 The Alemeda

11. MARITAL STATUS

12. WAS 21239 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No--H was anactiv Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, OIVE WAR OR DATES 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO 8 Specify: Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) 12 Years Years Physical Education Teacher Balto.City Schools 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) 늄 BE Percy Wingfield Lelia Croxton notified ; 19e, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Melvin Sharp The Alameda Baltimore, Md 21239 e 20a. METHOD OF DISPOSITION

TO Burlet 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 1179 20c. LOCATION — City or Town, State Must 2/ tory or other place) matory or other place) Auburn 4 ☐ Donetton 5 ☐ Other (Specify) Cemetery Baltimore Maryland examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St. Herris Chatman-Harris F/H Baltimore, Md 21217 completely filled in by the indi, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death the disesse or condition CARDIAC FAILURE resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, PEDPIRATORY
DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentisity list conditions, if sny, iseding to immediate cause. Enter UNDERLYING other t CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 10 23 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO HISTURY OF CONGESTIVE HEART FAILURE COMPLETION DF CAUSE HISTORY OF LUNG SCARRING FIBROSS SECONDARY 1 YES 2 NO PREVIOUS RADIATION PHYSICIAN: TREATMENT 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) the 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH with t 26b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending DIRECTOR: After the hours after death w 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) - 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 28 4 Homicide 29e. CERTIFIER (Check any Check and Check any Check and Check any Check and Check any Check and Check any Check and FUNERAL I = 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ea stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER THE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Cas Of the D. Company M. D.,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 2 3 2 CHARLES 31. DATE FILED (Month, Day, Year) DREGISTRARIS SIGNATURE FEB 1 2 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL MECONDS, 1. S. BOX 851 S	IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 nours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending place attending place in a standing place in a standing place in the principle of the pure attending place in the pure	be filed within 72 hours after death with the State Legit. On realist style wenter in your waster to remain any wester to the control of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or ourse traumanc event, the medical examined mounted at other.
THE HOSPITAL	THE FUNERAL	be filed within 72 I	IMPORTANT: If I

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAVID	Henry	S	HAUBERGEF	2	FEBRUAR	Y 6. 199	YEAR 2:00 P M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthda		IF UNDER 24 HRS. HOURS MIN.	7 DATE OF BU	DTM	8. BIRTHPLACE (State or Foreign Country)
279 - 62 - 2019	1 M 2 🗆 F	27 YRS			May 27		Ohio
98. FACILITY NAME (If not institution, gill Knotts Rd. RESIDENCE OF DECEDENT	ve street and number)		111	OR LOCATION OF		7. 7. 12.00	TY OF DEATH
Knotts Rd.			Lexin	gton Pa	rr	Si	.Mary's
10a. STATE 10b. COL	NTY		CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
Maryland St	. малуз		Lexington	of ZIP CODE		10g CITE	1 TYES 2 NO
Knotts Rd.				20653			SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 AND DR DATES	If yes, a	CENDENT OF HISP pecify Cuben, Mex S 2 NO Spe	PANIC DRIGIN? (Spicen, Puerto Ricen, polity:	etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S (Specify only highest g		16a. DECEDEN (Give kind life. Do NO	T'S USUAL OCCUPAT of work done during n IT use retired.)	ION lost of working	18b, KIND	OF BUSINESS/IND	
12		As.	st. Manag			K-Mar	t
1 Z 17. FATHER'S NAME (First, Middle, Lest)					NAME (First, Middle	, Maiden Surname)	
LeRoy	S	hauberger			garet		Stasko
198. INFOHMANT S NAME (Nyportine)	*		ING ADDRESS (Street				
Margaret Shaube	лдел		O Lillie DATE OF DISPOSITIO			20c. LOCATION -	
1. Buriel 2 Cremation 3 5	lamoval from Btata	of cometary, crema	ter cor other place)	Ohu 7			
21. SIGNATURE OF FUNERIAL SERVICE	LACENSEE	ouge v.c.	22. NAME	AND ADDRESS OF	Facility Funeral	ougever	ee, once
2(1)	J.K	,	Sta	ellings 1	Funeral	Home PA	11 01100
23. PART I. Enter the diseases,	or complications that o	suced the death C					Md. 21122
IMMEDIATE CAUSE (Final disease or condition resulting in death)		R AS A CONSEQUENCE		(65	w)		Interval Batween Onset and Death
A second to the second to the		n Shot Woo		e Head			
Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEDUENC	E DF):				
cause. Entar UNDERLYING CAUSE (Disease or injury	c	R AS A CONSEQUENC	E OFI:				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d						H L I
PART II. Other algnificant cond	tions contributing to de	eath but not resulti	ng in the undarly	ng cause given	in Part i. 24a	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
					10	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ 120 2 ₂₀ , 110	OF DEATH?
25. WAS CASE REFERRED TO MEDICA				PLACE OF DEATH	(Check only one)		
EXAMINER? 1 YES 2 ND	HOSPITAL:	ER/Outpatient 3 🗆 DC	OTHER:	ome 50 Residen	ca 6 🗆 Other (Sp	ecify)	
25. WAS CASE REFERRED TO MEDIC/ EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF IN (Month, Dey, 2 / 6 / 9	JURY 28b.	INJURY	NJURY AT WORK? YES 2 NO		hot to t	
2 Accident	28a, PLACE OF	INJURY — At home, fa		fice	281. LOCATIO	N (Street and Number	r or Rural Route Number,
4 Homicide datarmine		tts Rd. A	t Home			uri, State) tts Rd.	Lexington Pk.
(Check only	HYSICIAN: To the best of m MINER: On the bests of axe						ted.
29b. STGNATURE AND TITLE OF CER	FIER	0		29c. LICENSE	NUMBER	29d. DAT	E SIGNED (Month, Day, Year)
	my Tra	Chm		D 1	4285	•	2-7-92
30, NAME AND ADDRESS OF PERSO	WHO COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)				
WILLIAM D. BOYI		17 JEFFE	RSON STR	EET, LEC	NARDTOWN	MARYLA	ND 20650
31. DATE HEED (MOPIN, 2011) 992	32. REGISTRAR	Son- Jandell					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran be flied within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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29e. CERTIFIER

SLOAME. SHEILA SLOANE, BABY BOY 91956 CHI .0602431 1500-30 92 03837 REMBORY SERVICE. SAP STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR * B CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 3. TIME OF DEATH LITTLEJOHN (BABY SLOANE) KENYON 12:25 PM 2 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign NEWBORN DAYS 1 X M 2 - F MARYLAND 1.24. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CENTER MERCY MEDICAL AL TIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MI BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE us 21223 RUCE 57 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yee, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indien, Bleck, White, etc. 1 Never Merried 3 Widowed 4 BLACK Specify: 1 TES 2 NO 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) College (1-4 or 8+) NIA 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname LITTLEJOHN SLOANE SHEILA 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SHEILA SLOANE BRUCE ST BALTO.MD MOTHER 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY RONALD WADE, DIR **BOARD** Þ mell 2/7/92 655 W RAI TO MD 21201 BALTIMORE ST 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such se cardiec or ahock, or haart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Deeth disease Dr condition DUE TO (OR AS A CONSEQUENCE OF): 50AYS resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? 1 YES 2 NO 25. 27.

MANNER OF DEATH 15 Netural 5 Pending Investigation 28e. DATE (Month,					26. PLACE OF DEATH (Ch	eck only one)
		HOSPITAL: OTHER:			8 Other (Specify)	
		28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
		28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, s	treet, fac	itory, office	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end piece, and due to the ceuse(e) and menner ee stated.

WEDICAL EXAMINER: On the bests of examinant	on end/or investigation, in my o	pinion, desth occured at the time, date end piece, er	id due to the ceuse(e) end menner ee stated
GONATURE AND TITLE OF CENTIFIED THE LEVEL OF	M.D.	29c. LICENSE NUMBER DO3588	29d. DATE SIGNED (Month, Day, Year) 1/29/92

	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Aype, Print)	
RONALD	L. GUTDERCET, M.D HERCY 1	YED. CNTR
FEB 1 1 1992	32. REGISTRAR'S SIGNATURE	

Julia Davidson-Rande

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BALTIMORE, MARYLAND 21215-0020	the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Para Mental Hygiene prior to burial, cremation, or removal.
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88760, BALTIMORE, MARYLAND 21215-0020	scuted within 24 nours after death. Page 6 may be retained by the hospital or attending phys	nd completely filled in by the funeral director, page 5 should be detached for use as the buriz hurial, cremation, or removal.	itic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last), LUCY Green SMITH	2. DATE DF DEATH DAY 9 9 YEAR 3. TIME DF DEATH NONTH 2 9 9 YEAR						
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthdey) # UNDER 1 YEAR # UNDER 24 HRS. 245-26-0759 1 - M 2 XF 68 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 20 S. BIRTHPLACE (State or Foreign Country) N.C.						
HOL	96. FACILITY NAME (If not institution, give street and number) DECY HOSPETE BALTIMORE BALTIMORE BALTIMORE							
DIRECTOR	DOC 11111 TOPE	10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{ND} \)						
FUNERAL	100. STREET AND NUMBER 2202 RUSKIN AVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPAN	109. CITIZEN OF WHAT COUNTRY?						
D BY FI	1 Never Merried 2 Merried FDRCES? 1 YES 2 ND If yes, specify Cuben, Mexica 1 YES 2 ND 1							
PLETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	18b. KIND OF BUSINESS/INDUSTRY						
ed at once. BE COMP	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NA Charles Farrer Ives-	ME (First, Middle, Melden Surneme) Ler Cornelius						
TO BE	190. INFORMANT'S NAME (Type/Print) O'Neil Smith 2202 Ruskin A							
examiner must	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA	DATE 20c. LOCATION - City or Town, State 2-14-92 Dwings Malls Ma						
са ехаші	Glades Warred March Fund	Gladie Warred March Funeral Home-West 4300 Wabash Lu My 12125						
went, the medical	23. PART i. Enter the diseases, or complications that ceused the death. DD not enter the mode of dying, audience, proceedings and proceedings are sense on each line. iMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (DR AS A CONSEDUENCE OF):	h as cardiac or respiratory arrest, Approximate interval Between Onset and Death						
ry, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST							
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ed, or item 23 sl PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
HYS!	1 YES 1 DIO 1 Nopellent 2 ER/Outpatient 3 DDA 4 Nursing Home 5 Residence 27. MARGINE OF DEATH 28b. DATE DE INJURY 28b. TIME OF 28c. IN ILLIP AT	6 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED						
is mark	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
7 -	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due one)	to the ceuse(e) and menner se stated,						
MPORTANT: If item O BE COMPLE	2 DEDICAL EXAMINER: Do the beels of examination end/or investigation, in my opinion, death occurred at the 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUM							
₹ 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Typo, Print) PETAL DARWN : MANCH MADUAL COUTE	2/9/92						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PARKED DARKED MARKET MARKET MARKET 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATUSE FEB 12 1992 Fulls Marketon Annual Country FEB 12 1992 Fu							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 THE HOSPIAL OR ATENDING PHYSICIAN: The law requires that the deam befunded within 24 hours after death. Page 6 may be mainted in the hospital or attending the latest of the third participal that attending physician and completely filled in by the funeral director, page second to the same the burnal-transit of the filled with the State Dept. of Health and Mental Hygiene prior to burnal-transit of the filled of the State Dept. of Health and Mental Hygiene prior to burnal-transit of the medical page of the page 10 march and 11 mm. The page 10 march at the page 10 march

FOR 1 - STATE	STATE OF MARYLA					
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last		CERTIFICA	ATE OF DEATH	REG. NO	0.	La Ture or octavi
Thomas HEARY	SCHOEFFLER				T1 199	2 12:01 am.
4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF U	UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8.8	HRTHPLACE (State or Foreign
073 05 5044 Ba. FACILITY NAME (If not institution, give	17≸M 2 □ F 85	YRS. MON	THE DAYS HOURS MIN.	JAN23	907 O	SW YORK
FRANKI'S		70.	()	DEATH	Balti	
RESIDENCE OF DECEDENT	SOUARS		14022DALS		Daici	illot e
MARYLANO BAY	Timore	10c. CITY, TO	ARKVILLS			10d, INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	- P.		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	10 ADMED	21834		1 0	-Z-H-
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2.NO	13. WAS DECENDENT OF HISF If yes, specify Cuben, Mexi 1 YES 2 NO Spe	ican, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S ED	UCATION 1	I6a, DECEDENT'S USUA	AL OCCUPATION	165 KIND OF BI	USINESS/INDUST	NHIIZ
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	done during most of working	100. KIND OF BU	OSINESS/INDOS I	nr
BYRS	33.50 (1.43.51)	SELF S	MPLOYED	VSOOT	No DE	Actions
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First, Middle, Maide		TOTILE
KUDOLPH	SCHOSFFL	SR	ELL	a Ross K	anso	/
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Run	al Route Number, City or To	wn, State, Zip Code	•)
FAMILY 10	CORDS	SAC	V AS ABOV	5		
20s, METHOD OF DISPOSITION Burlal 2 Cremation 3 Res		LACE AND DATE OF DIS		DATE 20c.L	OCATION - City	or Town, State
4 Donation 6 Other (Specify)		PARKLOOD	0 12131210	192	ARKVILL	2013
21. SIGNATURE OF FUNERAL SERVICEL	CENSEE					
I XSWX TE	San		22. NAME AND ADDRESS OF	Toponeno	RIES -	111
23. PART I. Entar the diseases, or	complications that caused t	the death. Do not a	EVANS CHAPT	es ROAD -	Parkvi	DI
		tha daeth. Do not a th lina.	EVANS CHAPT	es ROAD -	Parkvi	
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IMMEDIATE CAUSE (Final	complications that caused to. List only one cause on aac	provascula	EVANS CHARLES	es ROAD -	Parkvi	Interval Between
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DALIMONE, MANICAND SIZIS-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-transment
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
		JACOB	CHRISTOPHE	R SPRENKLE	02 03	1992 10:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
		1 M 2 □ F	YRS.	MIN.	(Month, Day, Year) 2-3-1992	MARYLAND
~	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR LOCATION OF		COUNTY OF DEATH
DIRECTOR	THE JOHNS HOPI	KINS HOSPTI	AL	BALITMORE CIT	Y	
EC	10s. STATE 10b. COUNT	Υ	10c, CITY.	TOWN OR LOCATION		10d. INSIDE CITY
DIR	MARYLAND FRE	EDERICK		IJAMSV	7115	LIMITS?
	10e. STREET AND NUMBER	.ockrok		101. ZIP CODE		1 TYES 2 NO
FUNERAL	9539 FINGERBOARD	ROAD		2	1754	U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yee or N	o- 14. RACE - American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	It yes, specify Cuben, Mexi 1 TYES 2 NO Spe		Black, White, etc. Specify:
ED	15. OECEDENT'S EDU	CATION:				WHITE
	(Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life, Do NOT use	tk done during most of working	16b. KIND OF BUSINES	S/INDUSTRY
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)		PENDANT		1 / 4
COMPLET	17. FATHER'S NAME (First, Middle, Last)	N/K	VLI		NAME (First, Middle, Maiden Surna	1/A
BE C	CHRIS SPRENKLE				DDIE WATERS	me)
	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and Number or Run		te Zin Code)
2	DODIE SPRENKLE					MARYLAND 21754
	20e. METHOD OF DISPOSITION 1X Buriel 2 □ Cremetion 3 □ Ram		20b. PLACE AND DATE OF	DISPOSITION (Name of		N — City or Town, Slate
	4 Donetlon 5 Dother (Specify)		FOUNTAIN ME	MORIAL PARK	PALM E	BAY. FLORIDA
	21. SIGNATURE OF PUNERAL SERVICE LIC	DIGEE O S		22. NAME AND ADDRESS OF DUDA-RUCK FUN	FACILITY	חוווחגוע דווח
	1 (hal W	- traby	,	7022 WITCE AL	'ENUE DUNDALK	VUNUALK INC.
	23. PART I. Enter the diseases, or o	omplicetions thet eu	eed the death. Do no	t enter the mode of dying, au	ich es cardiec or respiretor	y arrest, Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Finel disesse or condition	cist only one cause of	n aech line.			Interval Batwean Onset and Death
	reculting in death)	a. Nespi	TE A CONCEDUENCE OF	anest noric Dys		50 mins
-	_	-1601	and to a k	mar Dus	abria	10
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):	ione yo	pronce	DUMINO
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	C				
	that initieted eventa	DUE TO (OR A	S A CONSEQUENCE OF):			
ER	resulting in death) LAST	ś				
	PART II. Other aignificent condition	a contributing to deet	h but not resulting in	the underlying cause given i	n Pert I. 24e, WAS AN AUTO	PSY 24b. WERE AUTOPSY FINDINGS
CAL		3.		, and the second second	PERFORMED?	AMAILABLE PRIOR TO
					1 YES 2 N	OF DEATH?
2					-	1 TES 2 NO
Ž I	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)	
Sic	EXAMINER?	HOSPITAL:		THER: Nursing Home 5 Residence		
PHYSICIAN: MEDI	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yea	TY 28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY	OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation	,		M 1 YES 2 NO		
	3 Suicide 8 Could not be	28e. PLACE OF INJU- building, atc. (S	JRY — At home, term, stre	et, fectory, office	28t. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLETED	4 Homicide determined				City or lown, State)	
립	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the beat of my kn	owledge, death occurred	et the time, date end place, and du	e to the ceuse(e) end menner e	stated.
Š	one) 2 MEDICAL EXAMINE	3: On the basis of examina	ition end/or investigation,	in my opinion, death occured at th	e time, date end place, end due	to the cause(e) and menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NO	JMBER 29d.	DATE SIGNJED (Mogth, Day, Year)
0	Janu Bla	hemal		D35	148	2/3/92
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (TEM 27) (Type, P	(nt) 1 , 1 , 1 , 1 , 1	0 11.	4.0 01010
	Johns Hopkin	s thought	av 600	N. Wolfest.	Baltimore	MU 2/205
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE	6		
	- FEB	1 2 1992	guna Davids	m-Adaddle		

4 1 4

	-	Pages 1		
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burisi-transit permit	t or mmoval.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the obstit certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burilairanest nerme. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hydrine prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
DISTRAR	CERTIFICATE OF DEATH		REG. NO.
ENT'S NAME (First Missin Last)			and the second of

1 - STATE REGISTRAR	STATE OF MARYL	CERTIFIC	AIE UF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Missin,	White ages of	CHIMMEL			2. DATE OF DEATH	" 1992"	3. TIME OF DEATH 5:45 A
4. SOCIAL SECURITY NUMBER 131-20-2380 9a. FACILITY NAME (If not institution,	1 🗆 # 2 🔀 F	84 YMS. W	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 34 IRIS. HOURS MIN.	MAY 28,	1907	BIRTHPLACE (Sizes or Foreign Country MARYLAND
	GHTWOOD NURSING			RLANDVIL		BALT	IMORE
MARYLAND 106. CC		MHL CITY, 1	BALTIM				10d. INSIDE CITY LIMITET 1 YES 2 XNO
7410 SUDBROOK	r pn	-	104.	ZIP CODE 21208		10g. CITIZEN	OF WHAT COUNTRY?
11. MADITAL STATUS Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 X NO	If yes, ope	ENDENT OF HISPAN	NIC ORIGINT (Specify V es, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: WHITE
16. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed)	16e. DECEDENT'S US (Give hind of work the. Do NOT use in	FUAL OCCUPATION A done during mos	N		USINESS/INDUST	377.5.5.5
17. FATHER'S NAME (FIRE, ARCEIN, Las. DAVID SCHI	clare a server	ADMI	NISTRAT	IS. MOTHER'S NA	ME (First, Michille, Maide	The state of the s	ICE
THE INFORMANT'S NAME (Type-Frie) I. WILLIAM SC	X.	196. MAILING AC		of Number or Rural I	MINNIE AP Annue Mumber City or To Co., APT. 1		MD 213
- Conta			SOL.	LEVINSON	L BROS.	TNC-	
23. PART I. Enter the diseases, shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ca	d the death. Do not each line.	6010	REISTER	h as cardiac or resp	BALTO	Approximate Interval Betwood Onset and Do
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D, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicism or the investment of the property o	to the forecome, when this common has been signed by the attention provided and the filed within 72 hours death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed with	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic event
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	be filed within 72 hours after death with the St	IMPORTANT: if item 28 is marked, or it

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Colomi at	2. DATE OF DEATH

	1 - STATE REGISTRAR		ARYLAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGI	ENE	- 0304	16
	1. DECEDENT'S NAME (First, Middle, Last) Jacob Schmidt			2. DATE OF DEATH		YEAR 3. TIME OF DEAT	'H M		
	4. SOCIAL SECURITY NUMBER 218-09-5015	1 🔀 M 2 🗌 F	8. AGE (In yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JAn . 28	1903	8. BIRTHPLACE (State or For Country) MArylan	reign 1d
TOR	90. FACILITY NAME (If not institution, give 143 Rodeo C				Middle 1			ty of DEATH Saltimore	
DIRECTOR	Md. BAltimore				TOWN OR LOCATION Middle River			10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	143 Rodeo Circle			21220			EN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		II yes, sp	4 NEC O NO X O			14. RACE — American India Black, White, etc. Specify: White	ın,	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 th	JCATION e completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupation work done during mose retired.) -employe	est of working	16b. KIND OF	BUSINESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Gustav Schmid	dt				AME (First, Middle, Mail Argaret	den Sumeme) Roth		
10	Joan Butler		19b. MAILING 21.	32 Burke	Road Ba	Acute Number, City or altimore	Town, State, Zip o MAryla		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE	1º Cemete	ry 2/10/	92 I	LOCATION — C BAltimo	re Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221								
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and the cause on each line. Approximate interval Between Onset and Death Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
	PART II. Other significant condition	MH AM 1	NACTION The two	n tha undarlying	cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION DF CA DF DEATH?	NUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	BiOutentless a D coal	OTHER:	ACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending	LER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF INJURY WORK? WORK?			28d. DESCRIBE HOW INJURY OCCURED				
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — AJ home, lerm, street, fectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Aural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se steted. 2 MEDICAL EXAMINER: On the basels of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated.								
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER	rest -			29c. LICENSE NUI	1 V	29d. DATE 5	SIGNED (Month, Day, Year)	
		O COMPLETED CAUSE (OF DEATH (ITEM 27) (Type,		owley	Ota · NA	5	1272	
	31. DATE FILED (MORE), Day, 1680 92	32, REGISTRAR'S			YC	7-3 10			

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛂 rours after death. Page 6 may be retained by the hos	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF	F MARYLAND / DEPARTI	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S HAME (First, Middle, Lasty ES	tella H. Arh	nompson	Feb., 11,		TIME OF DEATH		
	4 90CIAL SECURITY NUMBER 5. SEX 236-18-7892		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/08/07	West	E (State or Foreign Virginia		
TOR	HESIDENCE OF DECEDENT	200 Aca	COLUMB	ATH 9c.	HOWA	AP		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Howa:	4 41	TOWN OR LOCATION Colu	mbia		. IHSIDE CITY LIMITS?] YES 2 🔀 HO		
VERAL	5363 Harpers Farm R	oad, Apt. 3	101. ZIP CODE 21	044	USA	COUNTRY?		
B	1 Never Married 2 Married FORCES?	EDENT EVER IN U.S. ARMED 1 YES 2 X NO IVE WAR OR DATES	13. WAS DECEMDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 A NO Specify	n, Puerto Rican, etc.)	Black, Wh	American Indian, olta, etc.		
COMPLETED	15. DECEDEHT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4	or 5 +)	rk done during most of working retired.)	16b. KIHD DF BUSINES				
COMP	8 17. FATHER'S HAME (First, Middle, Last)	Domest		Home Car	ıme)			
BE	John Hall 192. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural	ra "unknow Boute Number City or Your, Ste		ecoras"		
10	Beulah M. Buckne		V. Penfield R			21045		
	20a. METHOD OF DISPOSITION 1	Metro Cre	ematory, Inc.		timore,			
	21. SIGNATURE OF SUHERAL SERVICE COUNTY OF		cremation S	ociety of	Md., Ir	nc.		
	George E. MacNa 23. PART I. Enter the diseases, or complication		299 Frederi			Approximata		
	ahock, or heart fallure. Liet only one IMMEDIATE CAUSE (Final disease or condition resulting in death)			-0		interval Between Onset and Death		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	E TO (OR AS A CONSEQUENCE OF): E TO (OR AS A CONSEQUENCE OF): E TO (OR AS A CONSEQUENCE OF):		NE				
MEDICAL	PART II. Other eignificent conditions contribution		the underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED:	HO OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	7.4	26. PLACE OF DEATH (C)	eck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 X Inpetient 2 ER/Outpatient 3 DOA 0 THER: 26. PLACE OF DEATH (Check only one) 27. MANHER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK?								
ВУ РН		TE OF INJURY 28b. TIME (NITH, Day, Year)	OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d. DEŞCRIBE HOW INJUR	Y OCCURED			
ED	3 Suifelde 28e. PL	ACE OF tHJURY — At home, farm, str Iding, etc. (Specify)	reet, factory, office	281. LOCATION (Street and N City or Town, State)	lumber or Rural Route	Number,		
OMPLET	29a. CERTIFIER (Check only one) 1 X CERTIFIER PHYSICIAN: To the b					d manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE HUMBER 296. LICENSE HUMBER 296. DATE BIOMES (Munic), Company (Munic), C							
F	30. HAME AND ADDRESS OF PERSON WHO COMPLETE		T CASTON)	N EC	MB.	2100		

Julia Davidson - Bandale



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2 Accident

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 st with the State Deor, of Health and Mental Hydiere prior to bunial, cremation, or removal	led at once.
rs after death. Page 6 may be retail	n by the funeral director, page 5 sh	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
tificate be executed within 24 hour	physician and completely filled in ene orior to burial, cremation, or	ther traumatic event, the me
ne law requires that the death cer	has been signed by the attending Dept. of Health and Mental Hydi	n 23 shows any injury, or o
OR ATTENDING PHYSICIAN: Th	DIRECTOR: After this certificate nours after death with the State	tem 28 is marked, or iten
HOSPITAL	FUNERAL within 72 h	TANT: If I

92 03844 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH DAY 3. TIME OF DEATH 615 BLANCHE. LORRAINE **TEMPERA** 2 10 AM 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 KF DAYS HOURS 220-09-5239 71 YRS NOV 04 1920 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 655 E. CLEMENT STREET 21230 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 A MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: BY 3 📉 Widowed 4 🗌 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) 7TH CASHIER A&P SUPERMARKET 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE ROBERT VANKTRK BLANCHE GRANGER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 SANDRA WHITE 4024 ARJAY CIRCLE ELLICOTT CITY, MD 21042 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sista CRESTLAWN MEMORIAL GARDENS 2-13 MARRIOTTSVILLE, MD 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD 23. PART i. Enter the diseases, or complications that c used the death. Do not enter the mode of dying, auch as cerdisc or respiratory arrest, on each line. Approximate ahock, or hasrt feliure. List only one cause Interval Between IMMEDIATE CAUSE (Final **Onaet and Death** disease or condition Preumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Obstructive Pulmonary Disease Chronic CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1) Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ie 5 🗆 Rasidence 8 🗆 Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investigation м 1 YES 2 NO BY

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Shiles M.D. 1 2/10/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 301 St. Park PL. Balto MO Shi ber Susan Marry Medical Center 31. DATE FILED (Month, Day, Year)
2 10 92 FEB 32. REGISTRAR'S SIGNATURE 1992 Julia Davidson-Rendell 12 1992

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

28s. PLACE OF INJURY — At home, farm, streat, factory, offica building, stc. (Specify)

29a. CERTIFIER

#Chark only

CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated



281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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the death continued to executive within 24 hours after death. Page to may be retained by the hospital or attending physic.	y the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial in		injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the

DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and

FUNERAL within 72 h IMPORTANT: If

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31. DATE FILED (Month, Day, Year)

BY COMPLETED BE 2 CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR MARIF TRIANTOS 8:00A 4. SOCIAL SECURITY NUMBER 5. SEX AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 M 2 XF DAYS 219 56 3764 84 YRS. 28 06 07 VIRGINIA 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR G.B.M.C. TOWSON BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD imors YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 1500 W OLD COLDSPRING U-S. A LANE 21209 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married Wildowed 4 Divorced 1 TES 2 1 NO Specify 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) nentary/Secondary (0-12) ルンスS. College (1-4 or 5+) Homs 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) THOMAS JOHNSON URAY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) FAMILY 20s. METHOD OF DISPOSITION

1. Burlat 2 Cremation 3 Ref 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 10 20c. LOCATION -- City or Town, State XOOGHT. 4 ☐ Donation 5 ☐ Other (Specify) WOODLAWA TE OF PHERAL SELVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OF CHIMES VANS consu. 325 YOR 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Final Onaet and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 TES 2 THO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 7 YES 2 ND OTHER: etlent 2 - ER/Outpetient 3 - DOA 4 Nursing Homa 5 Residence 6 Other (Specify) 27. MANNER DE DEATH 28s. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Antural 5 Pending M BY 1 YES 2 ND 2 Accident Investigation 28s. PLACE DF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as ateted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29% SIGNATURE AND TITLE OF CERTIFIER BE 290 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Barto 2-12-10

408 32. REGISTRÁR'S SIGNÉTURE DEVIDENT PRINCESE.

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	1 -	FOR STATE REGISTRA	
I	1. D	ECEDENT'S	

_	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	1-			2.	DATE OF DEATH	AY Y	EAR 3. TIME	OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (10151			FIB. 8,	1993	10	1,01
	271 05 2523	1 M 2 - F		IF UNDER t YEAR	HOURS MIN. 7.	Month, Day, Year)	1907	BIRTHPLACE (S	
	9a. FACILITY NAME (If not institution, give s			b. CITY, TOWN OF	LOCATION OF DEATN		9c. COUNTY	OF DEATH)
DIRECTOR	RESIDENCE OF DECEDENT			Tow	SON		BAT	Timor	3
IREC	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION	ON				SIDE CITY
	100. STREET AND NUMBER	Tirons		101.	ZIP CODE		10g, CITIZEI	1 U YE	ES 2 NO
FUNERAL	3723 DANC		OAO		21131		U.	A.Z.	•
À	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECE if yes, special YES	NDENT OF HISPANIC C offy Cuban, Maxican, Po NO Specify:	PRIGIN? (Specify Yet uerto Rican, etc.)	n or No 14	RACE — Amer Black, White, Specify:	ricen Indien, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done durina mosi	of working	16b. KIND OF BU	SINESS/INDUS		CVC
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	1	NVSST:	GATOR	Clarel	-Ann	RAOS	MZTZYZ
	17. FATHER'S NAME (First, Middle, Last)	13.63			18. MOTNER'S NAME (First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Typo/Print)	1212900	19b. MAILING A	DDRESS (Street an	2 ELL d Number or Rural Route	Number, City or Tow	n, State, Zio Co	de)	
٩	FAMILY Kic	OROS	2	SME	As ABO				
1	20a, METNOD OF DISPOSITION 154 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		PLACE AND DATE OF elery, cremelory or othe	r place)	deed deed	DATE 20c. LO	CATION - CH	or Town, State	20
ï	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	, . O O III		ADDRESS OF FACILITY	160	CIPI	1111	10.
	23. PART I. Entar the diseesea, or o	Zuron.		2325	5 YORK	Ropa -	Time	nivi	7
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	V A					
E CE	PART II. Other algnificent condition	a contributing to death be	ut not resulting in	tha underlying	cause given in Part	i. 24s, WAS AN	AUTOPSY	24b. WERE AU	JTOPSY FINDINGS
: MEDICAL						PERFOR		AWAILABI COMPLE DF DEAT	LE PRIOR TO TION OF CAUSE
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATN (Check o	nly one)			
YSI	1 YES 2 NO	HOSPITAL: 1 1 inpatient 2 ☐ ER/Outp		THER: Nursing Nome	5 Rasidence 6	Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26s, DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	M 1 YE	K?	I. DEŞCRIBE NOW I	NJURY OCCUR	ED	
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office	201	City or Town, State)	and Number or I	Rural Route Num	ber,
COMPLE		CIAN: To the best of my knowl R: On the basis of examination						suse(s) and mar	nner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTAINS	man or or	elus		29c. DICENSE NUMBER	0/2	29d. DATE SI	GNED (Month, D	Pay, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	0 013	8-3	- 5	3.9.19	192
	DR CHARLSS F. 31. DATE FILED (Month, Dey, Year)	O'Donne	1-40	8 Har	fertlous	e-111	Home	iel Hi	IIRd
	FFR 1	\$ 1992 gu	la Davidson-	Modaras					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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Jire	Sign	3
regi	96	4
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 surs after death. Page 6	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct to find within 72 hours after death with the State Pert, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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29a, CERTIFIER

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295 SIGNATURE AND TITLE OF CERTIFIER

1810 BEZAIL

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

992

102

32. REGISTRAR'S SIGNATURE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF DEATH 3. TIME OF DEATH 139 A YEAR Ensor MONROE 781 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Month, Day, Year 21214 3269 DAYS HOURS 1 M 2 F YRS. PARY! 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT ALL 10b. COUNTY 10a. STATE 10c. CITX. TOWN OR LOCATION 10d. INSIDE CITY PRYLAND AR 1 🗌 YES 🗱 NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 953 21234 1.S.A 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? YES 2 NO IF YES, GIVE WAR OR DATES It yes, specify Cuban, Maxican, Puarto Rican, atc.)

1
YES 25 NO Specify: 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced IAVX COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only high st of working Elementary/Secondary (0-12) Smp -OWNER ASONRY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, HIRB Ank notified at BE 19a. INFORMANT'S NAME (Type/Pri 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 must be 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 B 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 22. NAME AND ADDRESS OF FACILITY RS BALIO. 4 Donation 5 Other (Specify) 1000 21. SIGNATURE OF PUNETIAL SERVICE LICENSES 22:20/ EVANS CHAPLL OF 8800 HARFORD 23. PART I. Enter the diseases, or commitations that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert fellure. List only one cause on each line. Approximate Interval Between Onset end Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) 142 ALTENY SIMPLIO CORONARY DUE TO (OR AS A CONSEQUENCE OF): Aswis MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algrificent conditions contributing to death but not resulting in the underlying ceues given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? HYDER TENSON 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER 1 | Inpatient 2 RER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Alatural NAM NA 1 YES 2 NO BY 2 Accident Investigati 28a. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED NA 4 🗌 Homicide

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

FALLSTO V

Julia Devidson-Randall

2 DMEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated

29c. LICENSE NUMBER

MO

121809

21047

DHMN-16 Ray 1/89

29d. DATE SIGNED (Month, Day, Year)

2.11 1992

ermit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be delached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG NO

	REGISTRAR	CLITTI	ICATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH	
	MARLENE LOUISE	VIVELL		0.2 0.6	1992	720 D W	
		E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign	
	212-30-9421 1 M 2X F	58 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 03/03/19	Count	RYLAND	
R.	Se. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF		
	G.B.M.C.,6701 N.CHARLES	STREET	TOWSON				
5	RESIDENCE OF DECEDENT	OTREBI	10%301		BALTI	MORE	
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY	
ā	MARYLAND Harford	F	CALLSTON			LIMITS?	
AL	10e. STREET AND NUMBER	-	10f. ZIP CODE		10g. CITIZEN OF		
FUNERAL	2117 OAKLYN DRIVE		210/7		U.S.A		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	21047	NIC ORIGIN2 (Specify Vec			
IL.	1 Never Merried 2 Married FORCES? 1 YES	8 2 NO	If yee, specify Cuben, Mexicon 1 YES 2 NO Specific	en, Puerlo Ricen, atc.)	Blac	E — Americen Indien, k, White, etc.	
B	3 Widowed WX Divorced	DATES	T TES 2 PNO Specia	ry:	Spec	white	
COMPLETED	15. DECEDENT'S EDUCATION	16e. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSI	NESS/INDUSTRY	WILLE	
H	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of a	work done during most of working se retired.)				
ם	12 yrs.	Hous	se wife	Home			
O	17. FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NA	AME (First, Middle, Malden S	Numama)		
	Robert Owen Fre	e.v	10.10.01.01.0	Myrtle Est		rv	
8	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural			- 1	
5	Mrs. Linda Fife		03 Ady Rd. Fores				
			OF DISPOSITION (Manuel)			-	
	AVI no at a Cine at a Cine				ATION — City or To Pikesvi]		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DIGIG KIC					
	→ E. F. Lassahn		22. NAME AND ADDRESS OF FA	11175	937 King	Balle Out	
	4.0. gassann		thinh	Mone.	rolling	Rd	
	23. PART I. Entar the diseases, or complications that csuss shock, or heart failure. Liet only one cause on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ad the death. Do neach line.	1	th as translate or reaping		Approximata interval Between Onset and Daath	
		A CONSEQUENCE OF	F):	C. CCVICV	41	- com	
Z	Securedally the second of the		O				
윤미	Sequentially liet conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):						
	cause. Enter UNDERLYING						
CA	cause. Enter UNDERLYING						
TIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents C. OUE TO (OR AS	A CONSEDUENCE OF	F):		-		
ERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEDUENCE OF	r):		j		
- CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in deeth) LAST d.				j		
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	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in deeth) LAST d.				IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL CERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in deeth) LAST d.			PERFORM	IED?	AVAILABLE PRIOR TO	
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in deeth) LAST d.			PERFORM	IED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ĺ
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL UVCIENT	16	030
CERTIFICATE OF DEATH	REG. NO.		
WEAVER	2. DATE OF DEATH DAY	YEAR	3. TIME OF

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM	ENT OF HEALTH ANI ATE OF DEATH	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE OF DEATH		3. TIME OF DEATH
ELIZABETH W	WEAVER			MONTH D	O 92	1.30 PM
4. SOCIAL SECURITY NUMBER			INDER 1 YEAR IF UNDER 24 HRS	. 7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
230-28-2946	1 □ M 2 🂢 F	80 YRS.	THE DAYS HOURS MIN	Jan 12, 1	912	Virginia
9a. FACILITY NAME (If not institution,		9b.	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH
THE UNION MEMOR RESIDENCE OF DECEDEN 10a. STATE 10b. c Maryland		BA	LTIMORE CITY			
10a. STATE 10b. C	COUNTY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
Maryland			Baltim	ore City		LIMITS?
100. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1501 Shady 1. Marital Status	side Road			21218	United	States
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 1 YES		13. WAS DECENDENT OF HIS If yes, specify Cuben, Max	PANIC ORIGIN? (Specify Ye	a or No— 14. RA	CE — American Indian, ck. White, etc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 TES 2 NO Spe			white
	S EDUCATION	16a. DECEDENT'S USU	AL OCCUPATION	Test vain or all		WIII CE
(Specify only highest Elementary/Secondary (0-12)	t grade completed) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	done during most of working	165. KIND OF 80	SINESS/INDUSTRY	
12	2	Cle	rk Ret.	II.S	.Gov't.	
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Le	st)	0.10		NAME (First, Middle, Meiden		
John C.	Williams		Α.	lice Spr	ankle	
198. INFOHMANT'S NAME (Type/Print)	*	19b. MAILING ADD	RESS (Street and Number or Ru	ral Route Number, City or Tox	vn, State, Zip Code)	
Willard J. We	aver	1501 S	hadyside Roa	d Baltimor	e, Md.	21218
20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3	Ramoval from State	b. PLACE AND DATE OF DI	SPOSITION (Name of	DATE 20c. LC	CATION — City or	lown, State
4 Donetion 5 Other (Specify,			vice Corp. 2			Maryland
21. SIGNATURE OF FUNERAL SERVI	RVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214					
Multon	Mount	4	Leonard J.	Ruck, Inc.	5305 Ha	rford Road
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	unehay en alei	amost.		Onaat and Deatl
PART II. Other algnificent cond		but not resulting in th	e underlying ceuse given	In Part I. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (Check only one)		
1 YES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4 D	Nursing Home 5 - Rasidence			
	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCURED	
2 Accident Investigated 3 Suicide 8 Could be	26e PLACE OF INJURY	Y — At home, ferm, streat	T TES 2 NO	201 1 000 7 00 100		
4 Homtcide determin	building, atc. (Soe	city)	wallory, office	281. LOCATION (Street City or Town, State)	end Number of Hure!	Houte Number,
	PHYSICIAN: To the best of my know					e) and menner as stated.
29b. SIGNATURE AND TOP CER	W) A	1)	29c. LICENSE N	IUMBER	29d. DATE SIGNE ▶ O 2/	(Month, Day, Year)
31. DATE FILED (Month, Day, Year)	Went d	14mp	tl.			
The series (Month, Day, 1987)	32. REGISTRAR'S SIGN					
IL FEB	12 1992 Juli	a Davidson-Ran	dalle			

BALTIMORE, MARYLAND 21215-0020	wours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should effect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEA	TH	REG. N	Ο.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH	
	JOHN	Α.	Tω Δ	LTHALL		0 2	06	1992	6:25	Ам
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		ER 24 HRS.	7. DATE OF BIRTH	0.0			
		DEN 2 □ F	100	MONTHS DAYS HOURS		(Month, Day, Year)		Country)	LACE (State or Fo	reign
	226-30-7374		78 YRS.				14	Virg	inia	
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR LOCA	TION OF OR	ATH	9c. COL	JNTY OF DE	ATH	
6	900 CATON AVE			BALTIMORE	CIT	Y				
DIRECTOR	RESIDENCE OF DECEDENT									
ᇣᅵ	10a. STATE 10b. COUNTY	1	t0c. CITY	TOWN OR LOCATION					10d. INSIDE CITY	
۵	Maryland		Ba 1	timore					LIMITS?	NO
7	10e. STREET AND NUMBER		1242	10f. ZIP CO	DE		10a. CI		AT COUNTRY?	
œ l	5113 Queensbu	ry Avenu	0	212				SA	IAI COOMINIT	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E								
교	1 Never Married 2 M Married	FORCES? 1	YES 2 NO			NC ORIGIN? (Specify Y	ea or No	14. RACE - Black.	 American India White, atc. 	ın,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TES 2 NO				Specify		
		1							Diack	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S U	USUAL OCCUPATION	daa	18b, KIND OF B	USINESS/IN	DUSTRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of world retired.)	urry	1				
<u>a</u>			Constru	ction Wor	ker					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18 MO	THER'S NA	ME (First, Middle, Maide	a Comment			
		1		I I						
8	Mose Walthal 19a. INFORMANT'S NAME (Type/Print)				ula	Hamlet				
2				AODRESS (Street and Numb						
	Cornelia V. Wa	<u>lthall</u>	5113	Queensbur	y Av	re, Balt	imor	e, M	d 2121	5
	20a. METHOO OF DISPOSITION 1 → Burlel 2 □ Cremetion 3 □ Rem	C DATES WAS	20b. PLACE AND DATE O			OATE 20c. L	OCATION -	City or Tow	n, Stata	
	4 Donetion 5 Other (Specify)	over from State	Cemetery, crematory or oth		2 2 2 2	7 ~	h 11 + 11	a Ma	ryland	
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE]/	ALBULUS P	emorial F						
	1	de				63			mor St	
	tegeray	gran	100	Leroy Ha	rris	F/H Ba	1tim	ore,	Md 21	217
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OR	AS A CONSEQUENCE OF	:					Interval Be Onsst and	
CER	resulting in deeth) LAST	d								
- 11	PART II. Other significent condition	e contribution to do	neth have more accordate. In							
EDICAL	order organization	s contributing to des	ern par not resulting in	the underlying cause	given in	Part I. 24a. WAS A	N AUTOPSY		WAILABLE PRIOR	
žΙ						_ IVES	2 🗌 NO		COMPLETION OF C	AUSE
Ĕ						/\			VES 2 D	10
								1	1	
Z	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH /Ch	ck only one!				
3	EXAMINER?	HOSPITAL:	Market Alli	OTHER:						
BY PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER		4 Nursing Home 5 F	lealdenca				N AVE	
	1 Natural 5 Pending	(Month, Day, Y		OF 28c. INJURY AT WORK?		28d. DESCRIBE HOW				
	Accident Investigation	02 - 06 - 1	992 6:00	AM 1 YES 2	XNO	OCCUPANT			R VEHI	CLE
	Suicide 8 Could not be	28a. PLACE OF IN	JURY — At home, farm, at	reet, tectory, office		281. LOCATION (Street	and Numbe	or Aurel Ro	ute Number,	
<u> </u>	4 Homicide determined	building, atc.		יים כו כו מי	ļ	City or Town, Steh		***		
4	29e. CERTIFIER		ON ST				ON A			
COMPLETED	(Check only	CIAN: To the best of my	knowledge, death occurred	at the time, date and place	e, and due	to the cause(a) and m	enner as ata	nted.		
5	2 MEDICAL EXAMINE	R: On the besis of exami	Instion and/or investigation	, in my opinion, death occi	ared at the	time, data and place, a	nd due to t	he cause(s)	and manner as st	ated.
- 1	296. SIGNATURE AND TITLE OF CERTIFIE	1	. ()	29c 110	ENSE NUM	BER	294 DAY	E SIGNED "	Month, Day, Year)	
2	11/ 11/2-1	who V	ng .	250. 210			.			
2	30. HAME AND ADDRESS OF PERSON WHO	O COMPLETED CHIEF	OF OFFICE OF STREET	10.0	. M . F		0	2-06	-1992	
	V-LARON WC	KE, MP	7) (Type, 1		T BA	LTIMORE	MAR	YLAN	D 2120	1
	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S	SICNATURE							
FEB 1 2 1992 Aug Devidson Garden										



1. DECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

218-01-5158

9e. FACILITY NAME (If not institution, give street and number)

James

E.

1X M 2 - F

1 - FOR STATE REGISTRAR

Maryland sc. COUNTY OF DEATH

2. DATE OF DEATH DAY FEBRUARY 10, 1992

7. DATE OF BIRTH (Month, Day, Year)

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BALTIMORE, MARYLAND 21215-0020	or attacking observed
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

8	Maryland Ger	Baltimore City								
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. CO		100 0	TY, TOWN OR			-			
L DIRECTOR	Maryland			altim					L	NSIDE CITY IMITS? YES 2 \(\) NO
FUNERAL	100. STREET AND NUMBER	Hill Avenue	Apt.	507	101. ZIP CODE 21217			10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 2 NO	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V			I? (Specify Yes Ricen, etc.)		14. RACE — Am Bleck, White Specify:	, atc.	
ED	15. DECEDENT'S (Specify only highest	EDUCATION	18a. DECEDENT'S	16b.	. KIND OF BUS	INESS/INDU		1ack		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.) Paper Hanger Sel					mp1o	ved	
ш	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N				7 - 4	
TO B	190. INFORMANT'S NAME (Type/Print) Ida Turner		196. MAILIN		treet and Number or Rural					
	20a. METHOO OF DISPOSITION 1XC Burlel 2 Cremetton 3 4 Donetton 5 Other (Specify)	Removal from State ceme	PLACE AND DATE tery, crematory or	OF DISPOSITION		2/2	20c. LOC	ATION - CI	ity or Town, Sta	ta
	21. BIGHATURE OF PURITHAL SERVICE	E LICENSEE	1 / 301 /	22. NA	ME ANO ADORESS OF F	ACILITY	- En	170	1 hec	Telluh
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evente resulting in death) LAST	Terminal met OUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE C	DF):	inoma of t	ne Iu	ing wit	h mai	lignant	Asci
MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED?								AVAILA	AUTOPSY FIND BLE PRIOR TO ETION DF CAU
	3		. 3-	1 O Y				X NO	DF DEA	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (CI					
PHYSICIAN:	27. MANNER OF DEATH	1X Inpatiant 2 ☐ ER/Outpat 28e. DATE OF INJURY (Month, Day, Year)	28b. TIA	4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) ME OF USE INJURY AT USE PROSERVE HOW INJURY OCCURE WORK?			RED			
>	1 Natural 5 Pending		- 1	M 1 VES 2 NO home, farm, atreat, fectory, office 2st. LOCAT City or				CATION (Street end Number or Rural Route Number, y or Town, State)		
ED BY	Ast .	be 28s. PLACE OF INJURY - building, etc. (Specific	- At home, farm,			28f. LOCA City o	ATION (Street en or Town, State)	d Number or	Rural Route Nu	mber,
ED BY	1 Natural 5 Pending Investigati 3 Suicide 8 Could not datermine 29e. CERTIFIER (Check only)	be d 28s. PLACE OF INJURY - building, etc. (Specif) HYSICIAN: To the best of my knowled	dga, daath occum	atreat, fectory,	office date end plece, and dur	to the cou	or Town, State)	er es atated		
BE COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not determine 200. CERTIFIER (Check only one) 2 MEDICAL EXAMINATION TITLE OF CERTIFIER NO T	28a. PLACE OF INJURY – building, etc. (Specify HYSICIAN: To the best of my knowled MINER: On the basis of axamination of the basis of the basis	dga, death occurr and/or Investigation	atreat, fectory,	office date end plece, and dur	to line cour	se(s) end mann	er es atated due to the		anner sa atate
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not determine 29. CERTIFIER (Check only one) 2 MEDICAL EXAL	28a. PLACE OF INJURY – building, etc. (Specif) HYSICIAN: To the best of my knowled MINER: On the basis of axamination of the basis of the basis	dga, death occurr and/or Investigation	atreat, fectory, red at the time, on, in my opini	date end plece, and dur on, death occured at the 29c. LICENSE NU	City of the country time, data	se(s) end mann	due to the	I. cause(s) end m. SIONED (Month,	anner sa atat

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Williams

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

YRS.

3. TIME OF DEATH

9:55am

MD recellut 5, WARTE CHAMMA Approximete intervel Between

8. BIRTHPLACE (State or Foreign

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same of the sa
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	1. DECEDENT'S NAME (First, Middle, Las	10)		RTIFICATI	- 01	DEATH	2. DATE	REG. NO.		3.	TIME OF DEATN
			ddick	Wilhe	lm		Fel		199		5:00
	4. SOCIAL SECURITY NUMBER 21 5 - 09 - 1,618 se. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	AGE (In yrs. lest	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		20/14		Country)	yland
TOR	1805 Maltravers Road 21060 Glen Burnie Anne Arundel										
DIRECTOR	10e. STATE 10b. COUN	ne Arunde	el	10c. CITY, TOWN C		rnie					d. INSIDE CITY LIMITS? VES 2 X NO
FUNERAL	1805 Maltrave	ers Road	3/14		10f.	ZIP CODE	1060	104		OF WHA	T COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 KINC) 1	1 yee, spe	ENDENT OF NISPA cify Cuben, Mexic 2 NO Speci	en, Puerto R	(Specify Yee or Nicen, etc.)		BACE -	American Indian, white, etc. White
COMPLETED	15. DECEOENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)		(Givi	EOENT'S USUAL OG a kind of work done (DO NOT use retired.)	during mos	N It of working	16b.	KIND OF BUSINES			
E COM	17. FATNER'S NAME (First, Middle, Last) Robert Char	oles Shadd		Secreta	ry			West	sme)		
28 01	190. INFORMANT'S NAME (Type/Print) Louise P. W		19b.	MAILING ADDRESS		nd Number or Rural	Route Number	d Agne s, city or fown, sta arland	ete, Zip Cod	de)	
	20e. METHOD OF OISPOSITION 1 Burlal 2 X Cremetion 3 Re-		20b. PLACE AN	DOATEOF DISPOSE Cremat	TION (Nan	ne of	DATE	20c LOCATIO	ON — City	or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE	Mac Nabb	Herro	d'r	ema	tion S	OC1e	tyof,I	۷d.,	In	ic.
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final	complications that can be cause	on each lina.			rederi					Approximata Interval Batw
VIION	immediate CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate	a OUE TO (OR	A A CONSEQUE	th. Do not enter	the mod		ch as cardi	ac or respirator	ry arreat,		Approximata Interval Batw. Onset and De
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions,	a OUE TO (OR	AS A CONSECU	ENCE OF):	the mod	le of dying, aud	ch as cardi	ac or respirator	ry arreat,		Approximata Interval Batw
MEDICAL	IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEOU	ENCE OF):	N.M.	le of dying, aud	Part I.	ac or respirator	OPSY	24b. WE AWA	Approximata Interval Batw
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions.	a. OUE TO (OR c. DUE TO (OR d. Ons contributing to dea	AS A CONSEOU	ENCE OF):	Company of the modern of the m	le of dying, aud	Part I.	24e. WAS AN AUTO PERFORMED	OPSY	24b. WE AWA	Approximata Interval Batwo Onset and De Succession of Cause Prior To Death?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 5 Pending	a. OUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENT AS A CONSEQUEN	ENCE OF): SENCE OF): SENCE OF): SENCE OF): SENCE OF): SOUTHER	derlying 26. PLA ing Home 28c. ING	cause given in	Part I.	24e. WAS AN AUTC PERFORMED 1 YES 2 X N	DPSY	24b. WE AME CO OF	Approximata Interval Batwo Onset and De Succession of Cause Prior To Death?
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEOU AS A CONSEOU AS A CONSEOU AS A CONSEOU But hour not real UOutpatient 3	ENCE OF): ENCE OF): ENCE OF): OTHER DOA 4 \ Nurs Z6b. TIME OF	deriying 26. PLA: ing Home 28c. IWOR 1 YE	cause givan in	Part I. Part I. 6 Other 26d. DESC	24e. WAS AN AUTO PERFORMED 1 YES 2 X N	OPSY ?	24b. WE AWA COOP 1	Approximata Interval Batw Onset and Dr. S. M. S. A. A. A. A. A. A. A. A. A. A. A. A. A.
D BY PHYSICIAN:	IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation investigation determined. 29e. CERTIFIER (Check only)	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEOU AS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENJURY M ENCE OF INJURY M ENC OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENCE OF INJURY M ENC OF INJURY M ENCE OF INJURY M ENC OF INJURY M E	derlying 26. PLA : ing Home 28c. INJU WYR t YO	cause givan in CE OF OEATH (Ch KReeldence RY AT ES 2 NO	Part I. Part I. Solution one of the country one o	24e. WAS AN AUTOPERFORMED 1 YES 2 X N (Specify) RIBE NOW INJUR TOWN, State)	OPSY ?	24b. WE AME CO OF 1 [Approximata Interval Batwonset and De Succión Interval Batwonset and De Succión Interval Batwonset Interval Batwonset Interval Batwonset Interval Batwonset Interval Batwonset Interval Batwonset Interval Batwonset Interval

June Navidson-Rindall



oital or attending physician. d for use as the bunal-transit permit. Pa	
JAN: The law requires that the death certificate be executed rifficate has been signed by the attending physician and con the State Dept, of Health and Mental Hygiene prior to burial,	IMPURIARE: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								9	2	038	53
	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPAR	RTMENT OF	HEALTH AND	MENTA	L HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)	LIALATIA		WALSTON		2. DATE	OF DEATH		YEAR	3. TIME OF DE	EATH
	Marvin L. Wa 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		72	4.00 LACE (State or	P M
	239 48 2856 Pa. FACILITY NAME (If not institution, give	1 XM 2 - F	70 YRS.	MONTHS DAYS	HOURS MIN.	8-2			Country)	CAROL	
DIRECTOR	The Union Memo		L		more, Ci			9c. COUNT	Y OF DE	ATH	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c.									10d. INSIDE CI	ITY	
100 STORET AND MIMORE									LIMITS?	□ NO	
								10g. CITIZEN OF WHAT COUNTRY?			
FG	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specify Yea		, RACE -	- American in White, etc.	ndlan,
) BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	YES	1 □ YES	pecify Cuban, Mexic S 2 NO Spec	an, Puano i ily:	ticen, atc.)		Specify:		Ξ
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elamentary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of title. Do NOT us	USUAL OCCUPATI work done during ma se retired.)	ION ost of working	16b.	KIND OF BUS	INESS/INDUS	STRY		
MPL		Consign (1-4 or 5 +)									
BE CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, A	Aiddle, Maiden	Sumame)			
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	per, City or Town	n, State, Zip Co	ode)		
	20e. METHOD OF DISPOSITION 1		D. PLACE AND DATE (ame of	DATE	20c. LOC	CATION — Cit	y or Town	n, State	
- 1	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE DATE	D	22. NAME A	ND ADDRESS OF F	ACILITY					
	23. PART I. Enter the diseases, Drehock, or heart failure.	RONALD W	ADE, UIR _2/7/92	655	W. BALT	TMODE	STATI	E ANAT	YMO1	BOARI)
	23. PART i. Enter the diseeses, Dr ehock, or heert failurs.	complications that cause List only one cause on e	d the death. Do n	not enter the mo	ode of dying, eu	ch ea cerd	iec or reepir	atory arres	t,	Approxi	
	iMMEDIATE CAUSE (Fine) Onaet and Death										
	resulting in death)	e. CESSATI	CONSEQUENCE OF	- e 4 S	PIRAT	10~				-	
NO	Sequentially liet conditions,	b	CONSEQUENCE OF								
CATI	if any, leeding to immediate cause. Enter UNDERLYING	DOE TO (OR AS)	CONSEQUENCE OF	·):							
THE	CAUSE (Disesse or injury thet initieted events	DUE TO (OR AS /	CONSEQUENCE OF	j:							
CERTIFICATION	resulting in deeth) LAST	d									
SAL	PART ii. Other aignificent condition	ne contributing to deeth b	ut not resulting i	n the underlyin	g ceuee given in	Part i.	24a. WAS AN A			ERE AUTOPSY	
PHYSICIAN: MEDICAL						-	1 YES 2	□ NO		OMPLETION OF F DEATH?	FCAUSE
. M									1	☐ YES 2 ☐	NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PI	LACE OF DEATH (C)	eck only one	p)				
YSIC	1 YES 2 NO	HOSPITAL:	entient 3 DOA	OTHER:	ne 5 🗆 Residence		-				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ		JURY AT ORK?	28d. DEŞ	CRIBE HOW IN	JURY OCCUR	RED		
BY	2 Accident Investigation 3 Suicide	28e. PLACE OF INJURY	At home to a		YES 2 ND						
ET	4 Homicida determined	building, atc. (Spec	offy)	treet, tactory, ome		28t, LOCA City o	TION (Street ar v Town, State)	nd Number or	Rural Rou	ite Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of my know	ledga, daeth occurre	d at the time, date	and pieca, end due	to the caus	e(a) and menr	er se stated.			
ECC	29b. SIGNATURE AND TITLE OF CERTIFIE			n, m my opinion, d	29c. LICENSE NU						
0	Malux 6	Man-	MO.		APO. GIVENSE NU	-OEA				fonth, Day, Year	")
2	30. NAME AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type,	Print)					5 /	1 6	
	ROBERT A 31. DATE FILED (Month, Day, Year)	DOORANI									
	PEBB1/191992	32. REGISTRAR'S SIGN	Pandell	E							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

s after death. Page 6 may be retained by the hospital commune.	5 should be detached for unit to the contraction of the second of the se	notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital in the manual of the second of the se	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the befiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												92	03854
	FOR 1 . STATE	STATE OF M	ARYLAND /	DEPART	TMEN:	T OF H	IEALTH	AND I	MENTA	L HYGIFN			
	REGISTRAR		CE	ERTIFI	CAT	E OF	DEA	ТН		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	00	1/1/0-			11	11.		2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	W I A	IHR	AU	W	MA	25		2-8-	92		Pt
	0 - 1 - 1 - 1	1 M 2 KF	6. AGE (In yrs. les		MONTHS	DAYS	HOURS	MIN.		OF BIRTH		8. BIRTH	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give stre		36	THO.	Oh CITI	700404	OR LOCATI	01: 05:05	12(5.8,19	126	119	RYLAND
Œ	FRANC'S SCAT	T Ksx	/		C	, lowing					9c. COU	NTY OF O	EATH
1 5	RESIDENCE OF DECEDENT	1 1/27				2 HY	715	10RS	-				
DIRECTOR	10s. STATE 10b. COUNTY			10c. CITY	TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER			10	PL1	im	ORS				,		15 YES 2 NO
FUNERAL	2512 505	211.	00 0	Kw:	V	101	. ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
E	11. MARITAL STATUS	12. WAS DECEDENT				WAS DEC	SHIDENT (SOF	D OBJOIL	17 (Specify Ye	1	1-7.	н.
	1 Never Married 2 Married	FORCES? 1	YES 2			It yes, sp	city Cube	n, Mexica	n, Puerto	Rican, etc.)	s or No-	Black	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced					I L TES	2 35,110	Specify	y:			Spech	4115
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	(G	CEDENT'S L	ork done	during mo	ON st of workli	ng	16b	. KIND OF BU	SINESS/INC	DUSTRY	
1	Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	life.	Do NOT use	retired.)								
COMPLET	17. FATHER'S NAME (First, Middle, Last)						40.000			Statistics of			
U U	JOHO ADA	m Yuz	las				18. MOT	- O	ME (FIRST,	Middle, Malder	Sumame)	Λ. Λ	M.00:-
m	19s. INFORMANT'S NAME (Type/Print)	() (0		. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Soute Num	ber, City or Tox	yn State Zir	Code)	1 lokids
2	FAMILY KECT	ROS		5	SAC	75	A.	00	JOL	2			
	20s, METHOD OF DISPOSITION Suriel 2 Cremetion 3 Remove	al from State	20b.PLACE			SITION (Na	ma of		DAT	E 200-L	CATION -	City or To	wn, Stats
	4 Donstlon 5 Other (Specify)		Cometary, cra	matory or oth	er place)	Bu	JOR.	2	30	2 1	ARK	ولارتم	PARYLAGO
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			22.		D ADDRE	SS OF FA	CILITY	- Msc	7081	28	
	Karlon (7)	1 cours			8	200	HA	RF	NRO.	Rosa-	Pag	KA	15
	23. PART I. Enter the diseases, or co- ahock, or heart fellure. Lie	mplications that	caused the de	eth. Do no	ot anter	the mo	da of dy	ing, sucl	h aa card	liac or resp	iratory an	rest,	Approximate
	IMMEDIATE CAUSE (Final	st only one caus	le on eech line										intarval Between Onset and Death
	disease or condition reaulting in death)		AC ARRE										
			OR AS A CONSEC		12								
NO	Sequentially list conditions, 6.		INKNOWN										
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	505 10 (OR AS A CONSEC	JUENCE OF)	1								
FIC	CAUSE (Disease or Injury that Initiated evants	DUE TO (OR AS A CONSEC	DUENCE OF)	:								
F	resulting in deeth) LAST												
O	PART if. Other algnificent conditions	contribution to	looth but not a		46	4 4 4							
N S	RENAL TRANSPLAN		seath out not n	esuiting in	the ur	ideriying	ceuse (given in	Part i.	24s. WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
E	IMMUNUSUAPRESSION	41011014					-		-	1 TES	NO □		OF DEATH?
Σ	7, 10 10 10 10 10 10 10 10 10 10 10 10 10								- 1				1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	ock only on	0)			
SIC	EXAMINER?	OSPITAL:	ER/Outpatient 3		OTHE!	R:			6 🗆 Othe				
Ť	27. MANNER OF DEATH	28s. DATE OF I (Month, De	NJURY	26b. TIME	OF	28c. INJ	JRY AT	- I		CRIBE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(monti, bu)	r. reer)	INJU	M	1 🗌 Y	ES 2	ON [
1	3 Suicide S Could not be	26s. PLACE OF building, a	INJURY - At hor	me, ferm, st	reet, fact	ory, office			28t. LOC	ATION (Street or Town, State)	and Number	or Rural A	oute Number,
	4 Homicide determined	100								, sidio)			
COMPLETED	29s. CERTIFIER (Check only one)	AN: To the best of n	ny knowledge, des	oth occurred	at the t	ime, dats	and place,	end dus	to the csu	se(a) and ma	nner as stat	led.	
ő	2 MEDICAL EXAMINER:	On the basis of sxe	mination end/or id	nvestigation	, in my c	epinion, de	eath occur	ed at the	time, date	and place, er	nd dus to th	ne ceuse(s)	and menner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	RJ. FINA	<i>I</i> EY				29c. LICE	NSE NUM	IBER		29d. DAT	/ /	(Month, Day, Yesr)
2	30. NAME AND ADDRESS OF PERSON WHO										1	2/8/	92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
FEB 12 1992

OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

92-0/01-510 It	tems: 2							per M			
1 - STATE 5/28/92	STATE OF M						MENTA		E		
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFIC	JAIE C	DE DEF	ПН		REG. NO.	_		
							MONT			YEAR	3. TIME OF DEATH
Martin 4. SOCIAL SECURITY NUMBER	Wirtz 5. SEX	6. AGE (In yrs. las	t historius)	IF UNDER 1 YE	n minin	ER 24 HRS.	02	OF BIRTH		992	9:04 P
211-62-0110	15⊈M 2 □ F	11 11		ONTHS DA	-	_	(Monti	h, Day, Year)	411	Country	
9s. FACILITY NAME (If not institution, give stre		一十十		h CITY TO	VN OR LOCA	TION OF D		19310	77	NTY OF D	
			Ι.				EAIN	•	90, 000	NIT OF DE	:AIII
Sinai Hospi RESIDENCE OF DECEDENT	tal			Baltimore							
10s. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
MARYLAND BALT	inory		H	YOU	Š						1 YES 2 NO
10e. STREET AND NUMBER					10f. ZIP CO	DE			10g. CITI	ZEN OF W	HAT COUNTRY?
13031 BOTTO	m Ko	AO			2	108	2		U	1.5.	A.
	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR			DECENDENT			1? (Specify Yas	or No-	14. RACE	- American Indian, White, atc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 N			Hican, etc.)		Specif	
				ı						W	HITE
15. DECEDENT'S EDUCA (Specify only highest grade co		(Gi	ve kind of wor Do NOT use	rk done during	ATION most of wor	king	16b	. KIND OF BUS	SINESS/IND	USTRY	
Elamentery/Secondery (0-12)	College (1-4 or 5+)	-	1 C		- 1/6	\wedge		1	×		C
17. FATHER'S NAME (First, Middle, Lest)	4 410.	177	7.	ME	70 X T	0	>			152	SURINGER
Market State (First, Micolog, East)	1.1.0				16. MC	THER'S NA	AME (First, i	Middle, Malden		0 -	0
190 INFORMANT'S NAME (Free/Dries)	WIN	1 7		DDDFDD (O)		AXI	UCZ	5			ROUGH
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
206. METHOD OF DISPOSITION 206. DISPOSITION 20											
13 Buriel 2 Cremetion 3 Removal from State											
4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY											
	7			SV	Ans C	AK-	PE) (0F CJ	ling	S	
Long A	Nan			23	25)	ORK	130	- 0AC	lin	100	mui
23. PART i. Enter the disease, or co- ehock, or heert fellure. Li	mplications that	ceused the de	ath. Do no	t enter the	mode of d	ylng, suc	ch ss care	diec or raspi	ratory arr	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel		xic-is		ic er	nceph	alo	oath	v com	plic	ati	
disesse or condition resulting in deeth)		ation			_	-	-	4	L		
	JUE TO	OR AS A CONSEC	DUENCE OF):								
Sequentielly list conditions, b.											
if any, leeding to immediate couse. Enter UNDERLYING	DUE TO (OR AS A CONSEC	IUENCE OF):								
CAUSE (Disease or Injury C.	DUE TO	OR AS A CONSEC	WENCE OF								
thet initiated events resulting in deeth) LAST		OII AO A GOIGEG	ochoc or j.								
d.											
PART II. Other eignificent conditions	contributing to	deeth but not r	ecuiting In	the under	ying ceuse	given in	Part I.	24a, WAS AN		24b.	WERE AUTOPSY FINDINGS
							_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
											1 YES 2 NO
							_				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					B. PLACE OF	DEATH (C/	neck only or	1e)			
	HOSPITAL:	ER/Outpatient 3		DTHER:	Home 5 🗆	Raaldence	6 🗆 Othe	or (Specify)			
27. MANNER OF DEATH	26e, DATE OF (Month, Os	INJURY	28b. TIME	OF 28c	INJURY AT WORK?			SCRIBE HOW I	NJURY OC		ubject inhale
1 Natural Pending 2 Accident Investigation		1992			YES 2	□ NO	fume:	s white	Clean	ang t	hy fumes
3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At ho			offica		281. LOC	ATION (Street a	nd Number	or Rural R	oute Number,
4 Homicide determined	at	-	Acra Mo	rk sit	e				des		
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI.						s, and due			N-		
Centified (Check only one) 1 Centifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the cause(s) end manner as atsted. 2 X MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.											
296. TIMMATURE AND SUITE OF CENTURES	4					CENSE NU					(Month, Oay, Year)
160 7041	M								.		
					10.	C.M	. E .		0	4	1992

Penn Street, Baltimore Maryland 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a reduct after death. Page 6 may be retained by the hospital or attending physician	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra
BALT	urs after death	in by the fune
	3	belly /
13146,	pecuted within	and completely
D. BOX	ertificate be e	ng physician
Ρ.	eath c	attendi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the d	ate has been signed by the attending physician and comple
OF VITAL	HYSICIAN: The la	his certificate has
DIVISION	L OR ATTENDING P	DIRECTOR; After ti

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extract death. Page 6 may be retained by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTI	FICATE (OF DEATH	REG. NO			
	1, DECEDENT'S NAME (First, Middle, Lest)	AINBURG	(ANNA	SOLLOD	WAINBURGH	2. DATE OF DEATH MONTH	AY 92	EAR 3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 216-10-7183		(In yrs. lest birthday,	F UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s		05	AL OUTY TO	WN OR LOCATION OF DE	02 03	07	MARYLAND	
5	920H 144/2				3 ALTI MOU		9c. COUNTY	Y OF DEATH	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v	100 0	ITY, TOWN OR L	OCATION			404 99005 059	
5	MARYLAND				IMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO		
	2500 W. BELVEDER	E AVE., APT.	220		101. ZIP CODE 21215		_	N OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yo	DECENOENT OF HISPANI es, specify Cuban, Maxican YES 2 NO Specify.	n, Puerto Rican, atc.)	s or No — 14	14. RACE American Indian, Black, White, etc. Specify: WHTTE	
	15. DECEDENT'S EOU		16a. DECEDENT			16b. KIND OF BU	SINESS/INDUS		
	(Specify only highest grade	College (1-4 or 5+)	Ille. Do NOT	of work done during use retired.) RETARY	ng most of working	ETAIL			
	12. 17. FATHER'S NAME (First, Middle, Last)		5500	(132,11,12					
	DAVID SOLLO	D				ME (First, Middle, Maider NNIE COH			
	190. INFORMANT'S NAME (Type/Print) SHIRLEY S. COHEN				Treet and Number or Rural R EBROOK CT.	RANDALLS			
	20e METHOD OF DISPOSITION 1	novel from State	other place)		of cemetery, crematory or			y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI		SHAARET		ME AND ADORESS OF FAC		LTIMOR	E, MD	
	> Ellensu	e Levi	roon		SOL LEVINSO). MD 21215	
	23. PART I. Enter the disesses, or	complications that cause	d the death. Do						
	shock, or haert fellure. IMMEDIATE CAUSE (Finel	List only one cause on a	aach iins.					Interval Batween Onset and Death	
		BRAIN	DEA	177				6 bays	
1	resulting in death)	OUE TO (OR AS	A CONSEQUENCE	OF):				1337.13	
		& SEVEN	E CEN	EBROI	UAS CULL	+K ISC	MEXEM	14 6 DAYS	
	Sequentially list conditions, if any, leading to immediate								
	CAUSE (Disease or Injury	C STATUS OUE TO (OR AS	6021	CHROL	SNESPIRAT	AN LUR	MESI	6 DAYS	
	that initiated events resulting in death) LAST	PNEWM	1					1 504. 8	
5		d. NEWNI	SNIA	4/16/2	26 L2 D			(0 NAVI)	
	PART II. Other significant condition	s contributing to death	but not resulting	g in the unda	rlying cause given in		AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS	
						1 YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
								OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF OEATH (Che	ack only one)			
	1 TES 2 TAO	1 Inpetient 2 ER/Out	tpetient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		NJURY	c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCU	REO	
5	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm			261. LOCATION (Street	and Number or	Flural Route Number.	
	4 Homicide 6 Could not be determined	building, etc. (Spe	ecify)			City or Town, State			
	000) (SICIAN: To the best of my know							
3	29b. SIGNATURE AND TYPLE OF CERTIFIE		on and/or investiga		29c. LICENSE NUM			cause(s) and manner as stated.	
	Must	RESIDENT	PHYS	GADI	29C. LICENSE NUM	MER	DO 7	SIGNED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF O			0.0.00	Ja.cu.e.	05	EM THENS	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRARIS SIG	NATURE		W.BEJUE	YEKE A	90	PHEIMONO	
	FFR 12	1992 Julia	Devidson	gandelle					

d	g (C)	1
	1	1)
020	Briving	Brug
15-0	tendire	as the
212	al or at	for use
N	hospit	tached
YLA	by the	d be de
MAR	retained	Shoul
Ж, Г,	ay be	page (
S N	age 6 r	director
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending a	by the funeral director, page 5 should be detached for use as the b moval.
B	after d	by the moval.

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	IND ME		EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Stella M. Wac	ner					2.	DATE OF I	DEATH	DAY	YEAR 92	3. TIME OF OEATH 9:40 GAMM
	218-10-3680	1 M 2 X F	AGE (In yrs. lest	birthday) YRS.	IF UNDER † YEAR MONTHS DAYS	IF UNDER 24	HRS. 7. E	DATE OF E	BIRTH ly, Ybar)	1896	6. BIRTHE	PLACE (State or Foreign
TOR	99. FACILITY NAME (# not institution, give street union Memorial RESIDENCE OF DECEDENT				96. CITY, TOWN Baltin	nore C				9c. COU	NTY OF DE	АТН
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			10c. CITY	RALTIM							10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER	ATTENTION				2121	1			10g. CIT		1 X YES 2 NO
à		ND AVENUE 2. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR C	YES 2 NO	NED O	If yee, sp	ENDENT OF I	IISPANIC O	RIGIN? (S	pecify Ye	a or No—	14. RACE	- American Indian, while, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 8 TH	TION impleted) College (1-4 or 5+)	(G/v	e kind of w Do NOT us	USUAL OCCUPATI rork done during me e retired.)	ON ost of working		18b. KIN	D OF BU	ISINESS/IND	DUSTRY	WILLE
	17. FATHER'S NAME (First, Middle, Last)	·			77 100 100	16. MOTHER				Sumeme)		
TO BE	EDGAR HANN 19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street		MMA S			vn, State, Zip	Code)	
F	JOSEPH WAGNER			3519	KESWIC	K ROAD	, BAI	TIMO	ORE,	MARY	LAND	
	Burlai 2 Cremailon 3 Ramovi		cemetery, crem	etory or of	FDISPOSITION (Na her place) L CEMET		2/11/	DATE 92		TIMOR		ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN	/ /	C On		A. A	LAN SE	ITZ,	JR.	FUN	ERAL	HOME	MD. 21211
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEOL AS A CONSEOL AS A CONSEOL	JENCE OF):	l he	aew	1047	rho	xge .		Interval Between Onset and Death 5 days
DICAL	PART II. Other algorificant conditions of	contributing to dea	th but not re	auiting li	the underlying	g cause give	en in Part		WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I VES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OTHER:	ACE OF DEAT						
ВУ РНУ	27. MANNER OF DEATH 1 N Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	JRY	28b. TIME	JRY WO		28d.			NJURY OCC	CURED	
	3 Suicide 6 Could not be determined	28s. PLACE OF INJ building, etc. (JURY — Al hom (Specify)	e, ferm, at	reet, factory, offic		281.	LOCATION City or Tox	N (Street ovn, State)	end Number	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIA 2 MEDICAL EXAMINER:	iN: To the beat of my k	knowledge, deat	h occurre	d at the time, data	end place, en	d due to the	cause(e)	and mer	nner se state	ed.	and manner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIER HUMAN SUCH	uil.				29c. LICENS				▶ A	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	P. 201E	Univ.	PEW	Print) HUM	A SHA	KIL	iD :	212	18	1 1	
	31. DATE FILED (Month, Day, Year)	22 DECISTRADIO	CHCALATHOC							3 \		
L	FEB 12 1992	Guria Das	Hdson-No	ukress	9							DHMH-16 Rev 1/89

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
FFB 12

	1. DECEDENT'S NAME (First	, Middle, Last)			CERTIF	ICATE	OF	DEAT	ГН		REG. NO.			2 THE 22
	GREGO	RY	Α.			YOUN	IG			0.2		w 1 c	92	3. TIME OF DEATH 2:05 P
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATI	OF BIRTN	- 1		IPLACE (State or Foreign
	213-46-3583		1 📉 M 2 🗌 F	44	YRS.	MONTHS	DAYS	HOURE	MIN,	06	ith, Day, Year)	7	Counti	LLINOIS
	90. FACILITY NAME (If not in					9b. CITY,	TOWN C	R LOCATIO	ON OF DE	ATN			NTY OF D	
DIRECTOR	3500 blk	BEEC	H AVE		- 8	BAL	TI	MORE						
3EC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCAT	ION						10d, INSIDE CITY
	MARYLAND					В	ALT	IMOR	E					LIMITS?
FUNERAL	10e. STREET AND NUMBER						101	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
ij	1611 SH	ERWOOD						21:	239				USA	
BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES?	TEVER IN U.S. YES 2 WAR OR DATES	ARMED NO	11	yee, spe	ENDENT O	n, Mexicen	1, Puerlo	N? (Specify Yee Ricen, etc.)	or No—	14. RACE Black Speci	— American Indian, t, White, etc. ty: WHITE
	15. DEC	EDENT'S EDU highest grade	CATION completed)	18a	. DECEDENT'S	USUAL OCC	CUPATIO	N of working		16	b. KIND OF BUS	INESS/IN	DUSTRY	WILLE
COMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5 MASTERS		PYSCOL	se retired.)				ĸ				
Į į	17. FATHER'S NAME (First, MI	iddle, Last)									Middle, Malden	Surname)		
BE (ALAN J.	2 4 0 21 0						I	ROBIN	N HA	YES			
٥	ALAN J. Y										EEN VA			ZONA 85614
	20e. METNOD OF DISPOSITI 1 Gurial 2 Corematio 4 Donation 5 Other	n 3 🗆 Rem	oval from State	cemetery	CE AND DATE	OF DISPOSIT	ION (Nai	me of		DAT	7E 20c, LOC	CATION —	City or To	wn, State
	21. SIGNATURE OF FUNERAL		ENSEE	- I GREE	EN MOUI	22. N	AME AN	D ADDRES	S OF FAC	HILITY				MARYLAND
	1 a.	alla		it	h	3	818	ROLA	ND A	VEN	R. FUN	TO	MD	E . 21211
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	beil remare.	a.	t caused the	gia	not enter the	he mod	de of dyli	ng, such	aa cer	diac or respir	atory ar	reet,	Approximate intervel Between Onset and Death
	Commentally the transmission		b	(OR AS A CON	SEQUENCE OF									
ERTIFICATION	Sequentially list conditi- if any, leading to Immed- cause. Enter UNDERLY: CAUSE (Disease or Inju- that initieted events resulting in death) LAST	diete NG ry	C	(OR AS A CON										
MEDICAL CERTIFICATION	if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events	diete NG Ty	DUE TO	(OR AS A CON	SEQUENCE OF	ገ:	erlying	cause g	iven in P	Part I.	24a. WAS AN A PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
- 11	If any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events resulting in death) LAS1	diete NG Ty	DUE TO	(OR AS A CON	SEQUENCE OF	ገ:	erlying	cause g	iven in P	Part I,	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
- 11	If any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events resulting in death) LAS1	diete NG NY T	DUE TO	(OR AS A CON	SEQUENCE OF	n the und		Cause g			1 YES 2	MED?	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
- 11	if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injurthat initieted events resulting in death) LAST PART II. Other significers 25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO	diete NG NY T	DUE TO	(OR AS A CON	SEOUENCE OF	n the und	26. PL/	ACE OF DE	ATN (Chec	ck only o	1 YES 2	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MEDICAL	if any, leading to immediate. Enter UNDERLYII CAUSE (Olseese or injurthat initieted events resulting in death) LAST PART II. Other significers 25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	of MEDICAL	DUE TO d. e contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D	(OR AS A CON deeth but no ER/Outpatient INJURY 9, Year)	SEOUENCE OF DE resulting is 3 □ DOA 28b. TIM	OTHER:	26. PL/	ACE OF DE	ATN (Chec	ck only o	PERFORI 1 YES 2	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
BY PHYSICIAN: MEDICAL	if any, leading to immediates. Enter UNDERLYII CAUSE (Disease or injut that initiated events resulting in death) LAST PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 F	diete NG NY T	DUE TO d. e contributing to HOSPITAL: 1 Inputient 2 28a DATE OF (Month, D) 0 2 - 0 7	deeth but ne	ot resulting is	OTHER:	26. PL/ og Nome 8c. INJU WOF t YI	ACE OF DE	ATN (Checo	X Other	PERFORM 1 YES 2 or (Specify) W C SCRIBE NOW IN	ODS	CURED ED S	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leading to immediates. Enter UNDERLYII CAUSE (Disease or injut that initiated events resulting in death) LAST PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 F Accident Natural S F C C C C C C C C C	of MEDICAL	DUE TO d. e contributing to HOSPITAL: 1 Inpetient 2 28a DATE OF (Month, D) 0 2 - 0 7 - 28a PLACE O	deeth but not great the second	ot resulting in the state of th	OTHER: OTHER: OTHER: 4 Nursin E OF URY M Arrest, factory	26. PLJ g Nome 8c. INJU WOF t	ACE OF DE	NO S	X Other 28d, DE:	PERFORM 1 YES 2 TO Specify) W C SCRIBE NOW IN JE CT ATION (Street er or Town, State)	ODS JURY OCC	E D S	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO SELF oute Number, MD
PHYSICIAN: MEDICAL	if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injurt that initieted events resulting in death) LAST PART II. Other significers of the control of the co	D MEDICAL Pending mentingstion Could not be letermined	DUE TO d. e contributing to HOSPITAL: 1 Inpetient 2 28e. DATE (Month, D 0 2 - 0 7 - 28e. PLACE O building,	deeth but not be seen as a condition of the seen	ot resulting is a DOA Seb. TIME INJ. ? home, term, sell death occurre	OTHER: 4 Nursin E OF Why Why Arrest, factory	26. PL/ g Norme 8c. INJU WOF t You y, office E A	ACE OF DE	NO S	SUB.	PERFORM 1 YES 2 TO (Specify) W C SCRIBE NOW IN JECT H ATION (Street er or Town, State)) blk Jec(e) end mentr	ODS JURY OCC ANG ANG ANG ANG ANG ANG ANG ANG ANG ANG	ED S or Rural Ri E C H	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

whia Davidson-Randell

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P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the build-transit permit. Pages has such with the State permit of Health and Mental Hydiene prior to build, cremation, or removal.	, or other traumatic event, the medical examiner must be notified at once.
BALTIMORE	s after death. Page 6 ma	by the funeral director, p emoval.	dical examiner must
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2.1. LOURS after	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fures and when a property of the formation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
٥	TO THE HOSPITAL O	TO THE FUNERAL D	IMPORTANT: If He

	, Middle, Last)				ICATE C			2. DATE OF D	EATH			3. TIME OF DEATH
								MONTH	DAY	400	YEAR	
	anie	Rosie						Jan.	29	199		111:00 am
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BI (Month, Day,	Year)		Countr	IPLACE (State or Foreign ry)
219-07-78	349	1 M 2 K F	85	YRS.				02 2	3 19	06	Ма	ryland
9a. FACILITY NAME (If not in	istitution, give s	street end number)	1		9b. CITY, TO	WN OR LOCAT	ION OF D	EATH		9c. COU	ITY OF O	EATH
1386 D	ark R	Б				Cambr	idae	2		Do	rch	ester
1386 D	CEDENT	tu.				Jannon	<u> </u>				1 0	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR L	DCATION						10d. INSIDE CITY LIMITS?
MD.	Dor	chester	•		Cambri	idge						XX YES 2 NO
10e. STREET AND NUMBER				-		10f. ZIP COI	DE			10g. CITI	ZEN OF N	WHAT COUNTRY?
1	15 Do	undary	7 ***			216	12					U.S.A.
11. MARITAL STATUS	13 80	12. WAS DECEDEN		ADMED	42 148 6			NIC ORIGIN? (Sp	anity Year	. No.	14 DAC	E - American Indian.
1 Never Merried 2 🔀	Married	FORCES? 1	YES 2	(XNO	If ye	s, specify Cub	en, Mexica	an, Puerto Rican,		110-	Blac	k, White, etc.
3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES		1 🗆	YES X NO	Specif	ly:		- 1	Spec	"white
		1	I					Tank Minin		1500/1115	110Tmv	***************************************
	CEDENT'S EDU ly highest grade		16.8	(Give kind of	work done durin	PATION g most of worl	dng	160. KINL	OF BUSIN	NE22/INF	USTRY	
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7			5	shipp.	ing de	ept.		Ga	rmer	nt n	lanu	ıfacturer
17. FATHER'S NAME (First, N	fiddle, Last)					18, MO	THER'S NA	AME (First, Middle	, Maiden St	urname)		
R	obert	Parks	5					Lau	ra	Dea	n	
19e. INFORMANT'S NAME (19b. MAILIN	G ADDRESS (St	reet and Numb	er or Rural	Route Number, Co				
Wm. Rufu	c Dua	rk		13	96 021	ck pd		Cambri	anh	БМ	21	613
20e. METHOD OF DISPOSIT		11.1/			SITION (Name				20c, LOC/			
Burial 2 Crematic	on 3 🗆 Rem	noval from State	20b. PL	er place)	nity (or cemetery, cn	nnatory or					
4 Donation 5 Other			_ 1010	rri					Cnt	irci	i Cr	reek Md.
21. SIGNATURE OF FUNERA			1		22. NAI	NE AND ADDR	ESS OF F			977		7 77
× 950-1-1	· TIK	2 Thorns	12 h.									l Home Md. 2161
IMMEDIATE CAUSE (FI disease or condition resulting in death)	nel -	a	My	ocu	dial	lu	fai	A on	_			Onest and De
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	ediate /ING ury	b	O (OR AS A CO	SC U	9F):		0) voruce
if any, laading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	ediate (ING lury ST	b. DUE TO	O (OR AS A CO	SC UT	0F):			n Part I. 24a	. WAS AN A PERFORM	MED?	33	ANALABLE PRIOR TO
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i.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3

31. DATE FILED (Month, Day, Year)
FEB = 3 92

mD

503

- Randell

32. REGISTRAR'S SIGNATURE

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.	92	03860
1. DECEDENT'S NAME (First, Middle, Last) Elsie M.	Benson N			2. DATE OF DEATH 001+31-92	YEAR 92	5 500 AM
220-76-8413	SEX 6. AGE (In yrs. lest	YRS. IF UNDER	R 1 YEAR IF UNDER 24 HRS, DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-16-0	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give stree Dorchester Ge			ambridge, N		Doro	hester
10a. STATE 10b. COUNTY	hester	10c, CITY, TOWN	on LOCATION Mbridge, M	Id.		IOd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 701 Race Stre	eet		10f. ZIP CODE 21613	1	og. CITIZEN OF WI	NAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 MA IF YES, OIVE WAR OR DATES	MED 13.	WAS OECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 YES 2 NO Specif	in, Puarto Rican, alc.)	No 14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade on Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	moleted) (Gi	CECENT'S USUAL Co the kind of work done Do NOT use retired.)	during most of working	18b. KIND OF BUSIN	ESS/INDUSTRY	101 00 11
17. FATHER'S NAME (First, Middle, Last)	- Nichols		18. MOTHER'S NA	AME (First, Middle, Maiden Sui	mame)	4
198. INFORMANT'S NAME (Type/Print) Charles B	ar/5 2	. MAILINO ADDRES	SS (Street and Number or Rural	TOIN	State, Zip Code)	emd.
20a. METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	of from State	AND DATE OF DIS	(de la l	DATE 20c. LOCAL	PAD ,	n, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENSES	C Henry	22	Hen - VF	H- Cam	6. 1	1.
23. PART I. Enter tha diseases, or corahock, or heert failure. Lind immediate CAUSE (Final disease or condition resulting in death)	at only one cause on sech lina	aden	or the mode of dying, such		ory errest,	Approximate interval Betwee Onset and Dea
Sequentially ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE					
. DART II Other eignificent conditions	1	resulting in tha u	indarlying ceuse given in	Part i. 24a. WAS AN AL PERFORMI 1 YES 2	ED7	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	ОТНЕ				
	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	6 U Other (Specify) 26d. DESCRIBE HOW INJ	URY OCCURED	
n	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and City or Town, State)	l Number or Rural R	oute Number,
Constitution of the consti	AN: To the best of my knowledge, do On the basis of axamination and/or					and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	rest too		29c. LICENSE NL		DATE SIONED	(Month, Day, Year)

STREE

CAMBRIDGE

MARYLAND

TO BE COMPLETED BY FUNERAL DIRECTOR

DALIMONE, MANILAND	n 24 Jury after death. Page 6 may be retained by the hos	ly filled in by the funeral director, page 5 should be detached ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht be find within 72 hours after death with the State Best. of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) FFR 3 '92

1. DECEDENT'S NAME (First, Middle, Last) EIXCAR JACOB BAIR 1. SOCIAL SECURITY NUMBER 2. SEX JACE (IN YE. IAST D'ORIGN) 3. SEX SOCIAL SECURITY NUMBER 2. DECEDENT SINCE (IN YE. IAST D'ORIGN) 3. SEX SOCIAL SECURITY NUMBER 3. SEX SOCIAL SECURITY NUMBER 3. SEX SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX SOCIAL SECURITY NUMBER 6. SEX SOCIAL SECURITY NUMBER 7. CATE BERLIARY 1, 1992 7. 24 8. PACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. FACILITY NAME (If not institution, pive street and number) 8. CATE OF DECEDENT 100. STREET 100. STREET 100. STREET AND NUMBER 101. STREET AND NUMBER 101. STREET AND NUMBER 102. STREET AND NUMBER 103. STREET AND NUMBER 104. STREET AND NUMBER 105. STREET 106. CHITY, TOWN OR LOCATION 107. STREET 106. CHITY, TOWN OR LOCATION 107. STREET 107. STREET 108. CHITY, TOWN OR LOCATION 109. STREET AND NUMBER 109. CHITY, TOWN OR LOCATION 109. STREET AND NUMBER 109. CHITY, TOWN OR LOCATION 109. STREET AND NUMBER 109. CHITY, TOWN OR LOCATION 109. STREET AND NUMBER 109. CHITY, TOWN OR LOCATION 109. STREET AND NUMBER 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN OR LOCATION 109. CHITY, TOWN
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166. CUNTY MARYLAND CARROLL TANEYTOWN 167. FIRST STREET 168. COUNTY MARYLAND CARROLL TANEYTOWN 169. INTECT OOE 169. CITIZEN OF WHAT COUNTRY? 170. STREET AND NUMBER 170. STREET 180. CITIZEN OF WHAT COUNTRY? 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. COUNTY 180. STREET 180. STREET 180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State 2 Country Street of
21787 USA
1 Never Married 2 Merried FORCES? 1 YES 2 NO If Yes, apecity Cuban, Maxican, Puarto Rican, etc. Specify: CAUCASIAN 1 YES 2 NO No No No No No No No
Composition Specify only highest grade completed) Iffe. Do NOT use retired.
CLINTON HOWARD BAIR 19a. INFORMANT'S NAME (Type/Print) RUTH REIFSNIDER BAIR 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20a. METHOD OF DISPOSITION 1 (1 Burlai 2 Cremation 3 Removal from State) 4 (2 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE STRING SKILES FUNERAL HOME TANEYTOWN, MD 21787 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory errest, interval B. Onset enter disease or condition 1 (1 Burlai 2 Cremation 3 Removal from State) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or content of the content place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE STRING SKILES FUNERAL HOME TANEYTOWN, MD 21787 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory errest, interval B. Onset enter the mode of condition content of the course of condition content of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of condition country of the course of the course of condition course of condition country of the course of condition course of condition course of condition course of condition country of the course of condition course of condition course of condition course of condition course of condition course of condition course of condition course of condition course of condition course of condition course of condition course
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1 (X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) MT. UNION LUTHERAN CEMETERY MIDDLEBURG, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE STRINGS SKILES FUNERAL HOME TANEYTOWN, MD 2178. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval B Onset end disease or condition Removal from State 22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE STRINGS SKILES FUNERAL HOME TANEYTOWN, MD 2178. Approximation interval B Onset recondition of the cause of the cause of the cause of the cause of the cause of condition of the cause of condition of the cause of condition of the cause of cause
23. PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart feliure. List only one cause on sach line. IMMEDIATE CAUSE (Finel disease or condition) Recurrent Corregulative file and facilities Queen file and facilities Queen file and facilities Queen file and facilities Queen file and facilities Queen file and facilities Queen file and facilities Queen file and facilities Approximation for the file and facilities Queen
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Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events rasulting in deeth) LAST b. / S C / D DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED? OWNETION OF CONFIDENTIAL OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
EXAMINER? 1 YES 2 NO NO NO NO NO NO NO
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as a
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (MONTH, Dey, Year) FEBRUARY 3, 1

102 REGISTRATE SIGNATURE DE DE

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Frous after death. Page 6 may be retained by the hospital or attending phy TD THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	attending oh	use as the bo		
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a frours after death. Page 6 may be retained by HE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be ted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **OPITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	the hospital or	detached for		once.
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within prours after death. Page 6 may HE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, pated within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. **OPITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event the medical examiner must b	be retained by	ge 5 should be		e notified at
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funited within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. OPTAANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event the medical example.	h. Page 6 may	eral director, pa		niner must b
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely "lill red within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, ORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event the	vours after deat	ed in by the fun	or removal.	medical exar
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exer. HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an ted within 72 hours after death with the State Dept. of Health and Mertal Hygiens prior to b OPRAANT: If item 28 is marked, or Item 23 shows any injury, or other traumat	cuted within	d completely fille	unfal, cremation,	lic event the
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death or HE FUNERAL DRECTOR: After this certificate has been signed by the attendited within 72 hours after death with the State Dept. of Health and Mental Hy OPTANT: If item 28 is marked, or item 23 shows any injury, or	ertificate be exe	ng physician an	giene prior to b	other trauma
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the FUNERAL DIRECTOR, After this certificate has been signeted within 72 hours after death with the State Dept. of Heatit ORTANT; If item 28 is marked, or item 23 shows a	hat the death o	d by the attendi	and Mental Hy	ny injury, or
HE HOSPITAL DR ATTENDING PHYSICIAN: The PEUNERAL DHECTOR: After this certificate fed within 72 hours after death with the State OPRTANT: If item 28 is marked, or Item	a law requires t	has been signe	Dept. of Health	23 shows a
HE HOSPITAL DR ATTENDING HE FUNERAL DIRECTOR: Atter led within 72 hours after death ORTANT: If item 28 Is ma	PHYSICIAN Th	this certificate	with the State	irked, or Iten
HE HOSPITAL I HE FUNERAL (Hed within 72 h	OR ATTENDING	DIRECTOR: After	ours after death	iem 28 is ma
5 5 5 2	THE HOSPITAL	THE FUNERAL (he filed within 72 h	MPORTANT: If I

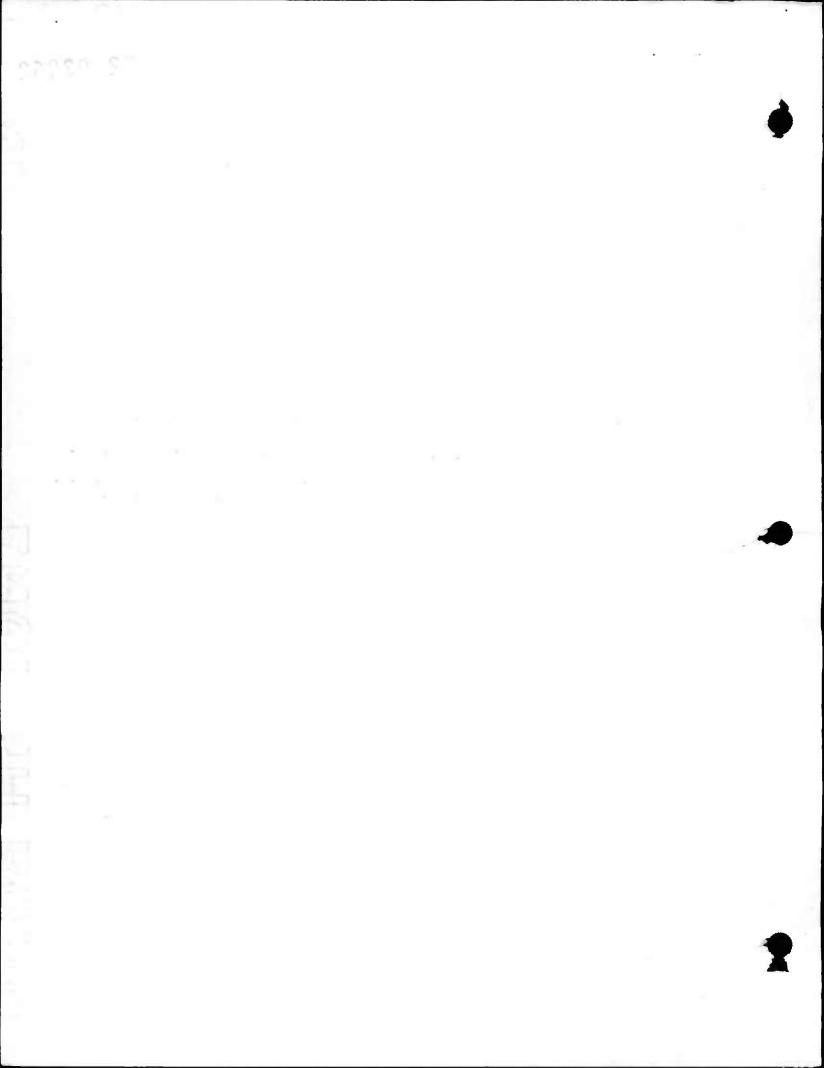
	FOR	STATE OF MARYLAND	/ DEPARTM	IENT OF HEALTH AND	MENTAL HYGIE!	NE	92 0386
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	Bobb	CERTIFIC	ATE OF DEATH	REG. NO		AR 3. TIME OF DEATH A
	4. social security number 219–28–6865	s. sex 6. Age (In yrs.		UNDER 1 YEAR SF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) Sept. 3,	1932	BIRTHPLACE (State or Foreign Sountry) North Carolina
HOH	99. FACILITY NAME (If not institution give so	reel and number)	4/ /	AVIE DE G		9c. COUNTY	of DEATH
DIREC		rford	10c. CITY, T	ON OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 .NO
FUNERAL	100. STREET AND NUMBER 513 Walker Stre	eet		21001			OF WHAT COUNTRY? SA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 DOvorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 [IF YES, GIVE WAR OR DATES KOYCA		13. WAS DECENDENT OF HISP, if yes, specify Cuben, Maxic	en, Puerto Rican, atc.)	ea or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	DECEDENT'S USI (Give kind of work life. Do NOT use re Welder	JAL OCCUPATION done during most of working tired.)		usiness/indust	
	17. FATHER'S NAME (First, Middle, Last) Raby James Brat	tton		18. MOTHER'S N Elsie	AME (First, Middle, Maide Stella	n Surname) Smith	
TO BE	190. INFORMANT'S NAME (Type/Frint) Shelia F. Walters	5	I Route Number, City or To AVre de Gra		,		
	20a. METHOD OF DISPOSITION 1 General Buriel 2 Comments Services Se			oisposition (Name other place) S Crematory 2	OATE 20c. L	ocation - city W. Ches	or Town, State ster, Pa.
	21. SIGNATURE OF FUNERAL SERVICE LIC		117_	22. NAME AND ADDRESS OF HOWARD K. McC 1317 Cokesbur	Comas III		
CERTIFICATION	23. PART I. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Due TO (OH AS A COM	SEQUENCE OF:				
I	PART II. Other algnificant condition	d	ot resulting in t	he underlying cause given i	n Part 1. 24a. WAS A	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL					1 🗆 YES	2 (NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 N
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITÁL:		28. PLACE OF OEATH (Check only one)		
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Neters 5 Pending 2 Accident Investigation	Norting Home 5 Residence Residence Residence	8 Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCCUR	ED		
3 Suicide 8 Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route Number,
OMPLET	anal and	ICIAN: To the best of my knowledge ER: On the basis of sysmination and					ause(a) and menner as stated.
D BE CO	29b. SIGNATURY AND TITLE OF CERTIFIES	D Hu	~	29c. LICENSE N	UMBER 2190	29d. OATE SI	31/92
5	MAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH	TEM 27) (Type, Pr	In LANGE	BOZ	60	DIB

32. REGISTRARYS SIGNATURE

FEB 03 92

DHMH-18 Rev 1/89

MP



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physici	/ filled in by the funeral director, page 5 should be detached for use as the burial-	tion, or removal.	the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the business	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if from 28 is marked or item 23 shows any injury, or other traumatic event the medical examiner much he notified at once

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	IEALTH AND I	MENTAL HYGIEN REG. NO	92	03863
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	. У	3. TIME OF DEATH
	7.48		BENEDICT	and the state of the			02 05	92	1:36 P M
		204-54-6315	□ M 2 ØF 2	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	OCU 222	1963	BIRTHPLACE (State or Foreign Country) Pa
	1	9a. FACILITY NAME (If not institution, give stree				R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
	£	THE JOHNS HOPKI	INS HOSPITAL		BALITM	ORE CITY		BALI	TMORE
-	DIRE	Md. Washi	ington		town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	RAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
		34 S. Locus				21740		US	A
	D BY FUN	1 Never Married 2 X Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XINO	13. WAS DEC	cify Cuben, Maxica	IIC ORIGIN? (Specify Yea n, Puerlo Rican, atc.)		RACE — American Indian, Black, White, etc.
	ETE	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12)	(ION mpleted) College (1-4 or 5+)	(Give kind of we life. Do NOT use		IN st of working	Ribbor		TRY
notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last)	amuel Lair		,1		ME (First, Middle, Maiden	Surname)	
	TO B	190. INFORMANT'S NAME (Type/Print) Kenneth E. Ben		19b. MAILING	ADDRESS (Street at	nd Number or Rural F	loute Number, City or Town	, State, Zip Co	21.7h0
must be		Kenneth E. Benedict 34 S. Locust St., Hagerstown, Md. 21740 20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Removal from State 4 Donestion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemplery, Crematory of other piece) Welsh Run Breth, Cem. DATE No. Location - City of Town, State Complete Crematory of other piece) Welsh Run Breth, Cem.							
iner		21. SIGNATURE OF FUNERAL SERVICE-LICEN	SEE	STSH NO	22. NAME AN	D ADDRESS OF FAC	CILITY		
ai exam			tining	en	47 N.	Park Av	ries Fune ve.,Merce	rsbur	o. Pa. 17236
event, the medical examiner		23. PART 1. Enter the diseases, Dr con ahock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	t Dilly Die Ceuse On eec	n line.					Interval Between
iry, or other traumatic event,	CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Pulmonary Embolus (Caroliciae archythmia hours) Pulmonary Embolus (Caroliciae archythmia hours) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							
shows any injur	MEDICAL (PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i						MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23 st									
or item 23	SICIAN:		QSPITAL:		26. PL/	ACE OF DEATH (Che	ck only one)		
	PHYS	1 YES 2 DHO	Inpatient 2 ER/Outpati	ant 3 DOA	4 - Nursing Home	5 Residence			
		Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WOF		26d. DESCRIBE HOW IN	JURY OCCUR	ED
28 is	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26e. PLACE OF INJURY — building, alc. (Specify)	At home, farm, st			281. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
Nem	2	29a. CERTIFIER Check only	N: To the best of my knowled	gs, death occurred	at the time, data a	and place, and due to	to the cause(a) and man	hotets as too	
ANT: IF	2	2 MEDICAL EXAMINER: 0	On the beels of examination a	nd/or investigation.	, in my opinion, de	ath occured at the t	ime, data end placa, and	due to the ca	ause(e) and manner as stated.
	COMPL	296, SIGNATURE AND TITLE OF CERTIFIER				THE LICENSE ANDA	DED	204 DATE OF	
100	TO BE CO	Barold, M	D CAMPI ETER CAUSE OF DE	1 (TEM 27 -		J79	54	▶ 2/	GNED (Morith, Day, Year)
IMPORI	ᆱ	31. DATE FILED (Mortey), DS/, Wey/ 1000	OMPLETED CAUSE OF DEATH OMPLETED CAUSE OF DEATH OMPLETED CAUSE OF DEATH OMPLETED CAUSE OF DEATH OMPLETED CAUSE OF DEATH	JOHNS	Hop	J795	tospit	► 2/	GNED (Month, Day, Year)

Cherry 20 . • • • • -. , - y. .

1	1. DECEDENT'S NAME (First, Middle, Last)	De	mn /					2. DATE OF	DEATH 28	92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 221-14-6679	6. SEX 6.	AGE (In yrs. last bi	irthday)	IF UNDER 1 YEAR		NDER 24 HRS.	7. DATE OF 8 (Month, Da	BIRTH y, Year)	8. BI	RTHPLACE (State or Foreign nuntry) De
(S	90. FACILITY NAME (If not institution, give st Dorchester G		Hosp.		96. CITY, TOW		cation of De	EATH		9c. COUNTY C	
DIRECT	Maryland Dor	chester	1		y, town or Lo 1rlock						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	210 Academy	Street		clock Md. 21643			643			USA	DE WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT, E FORCES? 1 Z IF YES, GIVE WAR WWII	OR DATES	N U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPANI if yes, specify Cuben, Mexican 1 YES 2 NO Specify:				NIC ORIGIN? (S in, Puerto Rice y:	pecify Yes on, atc.)		ACE — American Indien, Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work done during most of w								
ш	17. FATHER'S NAME (First, Middle, Last) CLIFFORD DUNN 16. MOTHER'S NAME (First, Middle, Meiden Surneme) EVA (UNKNOWN)										
TO B	LAURA DUNN 198. MALING ADDRESS (Street and Number of Rural Route Number, City of Town, State, Zip Code) P. O. BOX 131, HURLOCK, MD 21643							13			
	20g. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AN MD EAS		OF DISPOSITE CONTRACTOR SHOP			1/31		JLAH,	
	28. PART /. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause			EAS	T N	EW MA		MD or respire		Approximate interval Betwoonset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (O	PERFORATED DIVERTICULITIS OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Diabetes Mellitus DIABESTES MELLITUS 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	116-12	OF DEATH (C	6 Cother (S	pecify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year)		JURY M 1		AT NO	28d. DESCR	IBE HOW IN	JURY OCCURE	D
ETED	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Roc City or Town, State)						ural Route Number,				
COMPL	CONDUCTORNY	CIAN; To the best of m									use(e) end menner ee state
TO BE	296. SIGNAPORE AND TITLE OF CENTIFIE	ellisep	b Zitai				D38			29d. DATE SIG	NED (Month, Day, Year) 28/97
	30. NAME AND ADDRESS OF PERSON WH	ta velli	OF DEATH (ITEM		7uvor			ambr	1	mo	21613

DR TATE EGISTRAR	STATE OF MARY	LAND / DEPARTMENT CERTIFICATE	OF HEALTH AND	MENTAL	HYGIENE REG. NO.
DENT'S NAME (First, Middle, Last)					

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		03003	
		Pathern LEy			2. DATE OF DEATH DATE	/31/92	3. TIME OF DEATH	
		1 M 2 AF 8	7 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN. CITY, TOWN OF LOCATION OF	(Month, Day, Year) 9/4/04	Mai	THPLACE (State or Foreign nitry) rvland	
DIRECTOR	Frederick Memoria	e. county of	ederick					
	Maryland Fr	rederick	10c. CITY, TO	Woodsboro			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	5 S. Main St.			10f. ZIP CODE 217	'98	U.	g. CITIZEN OF WHAT COUNTRY?	
ВУ	1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 X NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic 1 YES 2 NO Specify No.	cen, Puerto Rican, etc.)	Bla	CE — American Indian, lock, White, etc. locity: White	
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co- Elementary/Secondary (0-12)	TION 11 1 College (1-4 or 5 +)	16b. KIND OF BUSIN	IESS/INDUSTRY	WILLE			
JWD	17. FATNER'S NAME (First, Middle, Last)			secretary		school		
	John William Eyle	r			AME (First, Middle, Malden Su Effie L. Zimn			
TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Rura	A Route Number, City or Town,	State, Zip Code)		
٦	J. William Drenn	ing	10512 C	oppermine Rd.	Woodsbord	, MD 2	1798	
	20e, METHOD OF DISPOSITION 1 ABuriel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	of from State 20b. P	LACE AND DATE OF DIS ery, crematory or other po Mt. Hone	POSITION (Name of ace)	2 /3 WOOG	TION — City or 1	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE / / A	/	22. NAME AND ADDRESS OF F	ACILITY D. D. Har	tzler (& Sons	
	(atharine)	. Har De		Woodsboro.	MD		u 50115	
	23. PART i. Enter the disesses, or con shock, or heart tellure. Lis	nplications that caused to it only one ceuse on eac	he deeth. Do not e h iina.	nter tha mode of dying, su	ch es cardlec or respirat	tory arrest,	Approximete interval Batwean	
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	PULM	ONARL	EDEM	A		Onset and Daath	
N	disease or condition resulting in death) PULMO NARY EDEM A DUE TO (OR AS A CONSEQUENCE OF): AWTE NENAL FAILVNE							
Sequantielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
ATI		DUE TO (OR AS A C	,					
ERTIFICATI	if any, leading to immediate	DUE TO (OR AS A CO						
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	underlying cause given ir		TOPSY 24	b. WERE AUTOPSY FINDINGS	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of the cause of the cau	DUE TO (OR AS A C	ONSEQUENCE OF):	o underlying cause given in	1 Part i. 24a. WAS AN AU PERFORME 1 YES 2	D?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	underlying cause given in	PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of A.S.C. CHOLFUT 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CO	ONSEQUENCE OF):	28. PLACE OF DEATN (C	PERFORME 1 YES 2 M	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of A.S.C. CHOLFUT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CO	not resulting in the		PERFORME 1 YES 2 (h) heck only one)	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of the conditions of the cause of th	DUE TO (OR AS A CO	not resulting in the	28. PLACE OF DEATN (C. 1ER: Nursing Nome 5 Residence 28c. INJURY AT WORK?	PERFORME 1 YES 2 (h) heck only one)	40	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of A.S.C. CHOLFUT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A CO	not recuiting in the	28. PLACE OF DEATN (C. 4ER: Nursing Nome 5	PERFORME 1 YES 2 h heck only one) 5 Other (Specify) 28d. DESCRIBE HOW INJL 28f. LOCATION (Street and	JRY OCCURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of A.S.C. CHOLFUT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 YES 2 NO 1 Netural 5 Pending Investigation 3 Sulcida 8 Could not be delarmined	DUE TO (OR AS A CO	not recuiting in the	28. PLACE OF DEATN (C. 4ER: Nursing Nome 5	PERFORME 1 YES 2 h heck only one) 8 Other (Specify) 28d, DESCRIBE HOW INJU	JRY OCCURED	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of A S C. CHOLFUT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 8 Could not be delarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAL CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CONSTRUCTION OF THE CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CONSTRUCTION OF THE CAUSE (CAUSE) SUICIAL CAUSE (CAUSE (CAUSE CAUSE CAUSE (CAUSE CAUSE CAUSE CAUSE CAUSE (CAUSE CAUSE CAUSE CAUSE CAUSE CAUSE CAUSE (CAUSE CAU	DUE TO (OR AS A CO	onsequence of): not recuiting in the of the original of the original of the original origina	28. PLACE OF DEATN (C. 4ER: Nursing Nome 5	PERFORME 1 YES 2 h heck only one) 8 Other (Specify) 28d. DESCRIBE HOW INJL 28f. LOCATION (Street and City or Town, State) e to the ceuse(a) and menner	DRY OCCURED Number or Rural	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO DUE TO (OR AS	onsequence of: not reculting in the ent 3 DOA 4D ADD ADD ADD ADD ADD ADD ADD ADD ADD	28. PLACE OF DEATN (C)	PERFORME 1 YES 2 h heck only one) 8 Other (Specify) 28d. DESCRIBE HOW INJL 28f. LOCATION (Street and City or Town, State) e to the cause(a) and manner a lime, data and place, and d	IRY OCCURED Number or Rural r as stated. us to the cause(AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aigniticent conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO DUE TO (OR AS	onsequence of: not reculting in the ent 3 Doa OTI 28b. TIME OF INJURY At home, term, street, ended investigation, in a continuous of the end	28. PLACE OF DEATN (CITER): 28. PLACE OF DEATN (CITER): 28. INJURY AT WORK? 1 YES 2 NO factory, office	PERFORME 1 YES 2 h heck only one) 8 Other (Specify) 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State) e to the cause(s) and menner e lime, data and placa, and d MBER 21	IRY OCCURED Number or Rural r as stated. us to the cause Od. DATE SIGNET	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated. D (Month, Day, Year)	

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6.

31. DATE FILED (Month, Day, Year) FFR 4 '92

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND TE OF DEATH			03866			
	1. DECEDENT'S NAME (First, Middle, Lest)	Herbert Elme		ns	2. DATE OF DEATH MONTH 2 1 6	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-09-4553	5. SEX 6. AGE (7 73 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH	6. BIF	THPLACE (State or Foreign unity) Baltimore			
1	98. FACILITY NAME (If not institution, give street and number) Prederick Health Care Center 9b. city, town or Location of Death Frederick 9c. county of Death Frederick									
DIRECT	10a. STATE 10b. COUNTY Maryland	Frederick	10c. CITY, TO	WN OR LOCATION	rederick		10d. INSIDE CITY LIMITS? 1 1 VES 2 NO			
FUNERAL	9300 VIEW CO	urt 9306 Vi	ew Court	101. ZIP CODE 0 170	21701	10g. CITIZEN O	WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuban, Maxi 1 YES 2 X NO Specify	can, Puarto Rican, atc.)	Bi	ACE — American Indian, ack, White, atc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION		done during most of worlding red.)	16b. KIND OF BU	ISINESS/INDUSTRY	Villic			
F	8		warehous	e supervisor		rocery				
3	17. FATNER'S NAME (First, Middle, Last)			0.000	NAME (First, Middle, Melder					
BE	John W. Evans 19a. INFORMANT'S NAME (Type/Print)		19h MAILING ADD	RESS (Street and Number or Run	Rances Moor					
2	Shirley S. Evans			lew Court Fr						
	20e. METHOD OF DISPOSITION	201:		N (Name of cemetery, crematory of		OCATION — City or	Town, State			
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Rame 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	other place)	neran Cemeter		niontown				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22. NAME AND ADDRESS OF	FACILITY					
	· (atharine	O. Xart	ler	Libertyt	own, MD	rtzler	& Sons			
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Term	ach line.	atotic Colon		iratory arrest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):							
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	a COntributing to death b	ut not resulting in th	e underlying ceuse given i	in Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Check only one)					
SIC	EXAMINER?	HOSPITAL:		HER: Nursing Nome 5 - Residence						
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME OF	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED					
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— At homa, farm, atreet	, factory, offica	and Number or Rur)	rel Route Number,				
COMPLETED	one)			the time, data and place, and d my opinion, death occured at t			ee(s) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIES	homely.		29c, LICENSE N	PI 91	29d. DATE SIGN	IED (Month, Day, Year) 3-92			
٩	30. NAME AND ADDRESS OF PERSON WHA	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print 187 Them	10-1 Idan A. 3	Freenich F	D. 21	707			

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Dage		be
rector,		Must
uneral di	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
THE	Nal.	ii ex
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3	burial	atic
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DINE	Nours	tem
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYG				
	700013	STELLAC P	ENGLE			2. DATE OF DEAT MONTH 31	TH	year 2:25AM		
)	4. SOCIAL SECURITY NUMBER 705-10-6264	1 CPENCEE	(In yrs. lest birthdey) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRT	303	BIRTHPLACE (State or Foreign Country) ARYLAND		
10F	9a. FACILITY NAME (If not institution, give				FILTER IS		9c. COUNT	Y OF OEATH		
DIRECTOR	MD 106. COUN CAR	ROLL	WEST	TOWN OR LOCAT MINSTER				10d. INSIDE CITY		
FUNERAL	100. STREET AND NUMBER 331 FAIR AVENUE	ET AND NUMBER FAIR AVENUE				7	10g. CITIZE	N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed孙iedored	Aarried 2 Married FORCES? 1 YES 2 NO				NIC ORIGIN? (Specifien, Puerto Rican, etc.)	ly Yan or No— 14	Black, White, etc.		
COMPLETED	15. DECEOENT'S EO (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	Ille. Do NOT use	rk done during mo: retired.)	N st of working		F BUSINESS/INDUS	STRY		
OMP	17. FATHER'S NAME (First, Middle, Last)		HOUSEWIF	E			N HOME			
	CHARLES J. BOONE					AME (First, Middle, M. EYLER	aiden Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a		Route Number, City o	r Town, State, Zip Co	ode)		
F	GARETH B. STITELY			R AVENUE		STMINSTE		MD 21157		
	20a. METHOD OF DISPOSITION BUR 1 Burlel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	200	PLACE AND DATE OF				C. LOCATION — CIT	y or Town, Stata OSBORO, MD		
	21. SIGNATURE OF FUNERAL SERVICE L		7. 7.					ER & SONS		
	(atharine (J. Kar De	~			BRIDGE,				
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	List only one ceuse on e	each line.		de of dyling, suc	h as cardlec or r	eepiretory erree	t, Approximate interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. Pheuman Due to (or as a	A CONSEQUENCE OF): A CONSEQUENCE OF):							
MEDICAL	Acute GIT (the underlying	cause given in	Psrt i. 24a. WA. PEr	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpetient 2 - ER/Outp		OTHER: Nursing Home	5 🗆 Residence	8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Mar)	28b. TIME (WOF	IK?	28d. OEŞCRIBE H	OW INJURY OCCUP	RED		
ВУ	2 Accident Investigation 3 Suicide 6 Could and be	28s. PLACE OF WUURY	- At home, ferro atro	- 4	ES 2 NO	281 LOCATION (St	mot and Number			
3 Suicide 6 Could not be building, etc. Specify) 28s. PLACE OF IN, URY — At home, temp street, tentory, office 28s. LOCATION (Street and Nu. City or Town, State)						itate)	Hurai Houte Number,			
COMPLETED	(Check on) 2 MEDICAL SXAMIN		ladge, death occurred					euse(s) and mannar as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		1/		29c. LICENSE NUM			IGNEO (Month, Day, Year)		
TO B	110	VM	In.		D379	49		-31-92		
	1648 Kibere	ROCE A ET	ATH (FEM 27) (Type, Po	rint)	Maria	land	2178	4		
	S1. DATE FILED (Month, Day, Year) FFB 4 92	12. REGISTRAN'S SIGN		7	(Sand	12010	+		

TO BE COMPLETED BY FUNERAL DIRECT

IMPORTANT, if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND / DEPARTMENT				MENTAL	HYGIENE
		CERTIFICATE	01	F DEAT	H		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.		
DECEDENT'S NAME (First, Middle, Lest) Middle, Lest)	ary Virginia				2. DATE MONTH Feb.	OF DEATH DAY	1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH , Day, Year)	8. BIRTI	IPLACE (State or Foreign
215-14-2011 9e. FACILITY NAME (If not institution, give	t [] M 2]K] F	69 YRS.	8 28	HOURS MIN.	May	5, 1922	2 Mar	yland
Carroll County (The state of the s			stminst		9	c. county of c	
RESIDENCE OF DECEDENT								
Maryland 106. coun	Carroll	10c. CITY, T	Sykes	ville				10d. INSIDE CITY LIMITS? 1 A YES 2 NO
6412 Church Stre	eet		10f.	ZIP COOE 21784		1	U.S	WNAT COUNTRY?
11. MARITAL STATUS t Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	II yes, spe	NDENT OF HISPA cify Cuban, Mexic 2 X-NO Speci	an, Puerto R	? (Specify Yee or lican, etc.)	No— 14. RAC Blac Spec	E — American Indien, k, White, etc. #y: White	
15. DECEDENT'S EDI (Specify only highest grad	UCATION e completed)	18e. DECEDENT'S USI (Give kind of work	done during mos	N t of working	16b.	KIND OF BUSINE	ESS/INOUSTRY	
Flementary/Secondary (0-12) College (1-4 or 5+) None G.P.N. Springfield State Hospital							ta1	
17. FATHER'S NAME (First, Middle, Last) Raymond Duvall 18. MOTHER'S NAME (First, Middle, Maiden Surname) Julia Baker								
190. INFORMANT'S NAME (Type/Print) Charles L. Fran)	ζ	196. MAILING AD 6412 Chi	oness (Stroot or urch St	d Number or Aural reet S	Route Numb YKESV	er City or Town, S Ville, N	itate, Zip Code) Iarylan	d 21784
20e_METHOO OF OISPOSITION 1 ABurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Cen	PLACE AND DATE OF D netery, crematory or other, Keview Mer	placel		2/5/		TON - City or To	wn, Siste Maryland
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME ANI	AOORESS OF F	ACILITY		0.00197	1 Mar y active
•			Winf	ier Fun ield, M	aryla	nd 217		
23. PART i. Entar the diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute	consequence op:	pail u	e of dying, aud	ch aa card	iac or reapirate	ory arreat,	Approximata Interval Batween Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF):		path.	-			
PART II. Other aignificant condition	ns contributing to death b	ut not rasulting in ti	ha underlying	causa givan in		24e. WAS AN AUT PERFORMEI 1 YES 2	0?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (C	neck only one)		
1 VES 2 NO	1 Inpetient 2 ER/Outs 28e. OATE OF INJURY	atient 3 DOA 4	Nursing Home	5 Residence	1			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	WOR	RY AT K? S 2 NO	28d. DESC	CRIBE HOW INJU	RY OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	t, factory, office		28f. LOCA City or	TION (Street and I r Town, State)	Number or Rural F	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my know	edge, death occurred at	the lime, date a	nd place, end due	lo lhe caus	e(e) end manner	ae stated.	and manner se stated
29b. SIGNATURE AND TITLE OF CERTIFIE		2-91		29c. LICENSE NUI				(Month, Day, Yeer)
Philos	N. PRe	en N	ID	D 360	OF	3	Z/3	192
38, NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Prin	it)		117		1	/
31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGN	ATURE						
FEB 4 '92	Julia Davidson	- Gandell						

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Pages 1.

notified at å must examiner medical the event, traumatic or other Injury, shows any t. of t has bee g this certificate h with the State C irked, or item

is marked,

28

Hem

BE

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31. DATE FILED (Mornin, Day, Year)
FFR 3 192

DIRECTOR: After the hours after death v

TO THE HOSPITAL
TO THE FUNERAL (
DE filed within 72 h
IMPORTANT: If II

92 03869 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Jean Debbie Fischbach 1 29 92 10:40 A.M 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 08/23/1955 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 TF 213-58-1638 36 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF OFATH University Shock-Trauma Unit Baltimore BALTIMORE CITY DIREC 10h, COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND FREDERTCK KEYMAR 1 TYES 2 1 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12153 WOODSBORO PIKE 21757 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
 was enactiv Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, 1 Never Married 2 Married If yes, specify Cuben, Mexican, Pr 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) CUSTOMER SERVICE AIRLINE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) BE RUSSELL S. WACHTER MARILYN WOLFE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AUL F. FISCHBACH 12153 WOODSBORO PIKE, KEYMAR, MD 20e. METHOD OF DISPOSITION
1 V Buriel 2 Cremation 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE HAUGH'S CEMETERY Donation 5 - Other (Specify) 02/02 LADIESBURG. MARYLAND 21. SIGNATURE OF SUMERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. HARTZLER & SONS WOODSBORO, MARYLAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert feilure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Finel** Onset and Daath Abdomen disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 X YES 2 INO 1 Inpetient 2 ER/Outpetient 3 DDA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) Street 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Driver in Auto/Truck 49A. 1 YES BY 1-29-92 2 Nepider 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 | Homicide

Street MD Rt.550- Woodsboro Rd. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) end manner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 1 - 30 - 92

WHO COMPLETED GAUSE OF OEATH (ITEM 27) (Type, Print) M

Penn Street. Baltimore. Maryland

32. REGISTRAR'S SIGNATURE Aulia Davidson-Randelle

_	1 - STATE REGISTRAR		CERTIFIC	ENT OF HEALTH AN	D MENI	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lee	IL GRAPILI	/		2. DAT	TE OF DEATH DAY	YEAR 92	3. TIME OF DEATH 2247
7	4. SOCIAL SECURITY NUMBER 220 - 63 - 2452 In. FACILITY NAME (If not institution, give	1 2 M 2 D F	77 YRS. MON		1. (Mo	E OF BIRTH orth, Day, Year)	Country	RYLAND
B	FREDERICK MEMOR		90.	FREDERICK	F DEATH		NTY OF O	
- birec	MARYLAND F	REDERICK	10c. CITY, TO	WOODSBORO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
JERAL	11019 KEYMAR RO	AD		101. ZIP CODE 217	98		S.A.	HAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sc	xicen, Puerte	IN? (Specify Yes or No-	14. RACE	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementery/Secondery (0-12)	OUCATION de completed) College (1-4 or 5+)	life. Do NOT use reti	fone during most of working red.)	16	Bb. KIND OF BUSINESS/IN	DUSTRY	16
COM	17. FATHER'S NAME (First, Middle, Last)		AUTO ME		NAME (First	OWN BUSINE Middle, Maiden Surname)	SS	
) BE	ROLAND GRABILL 190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street end Number or Ru		E RIPPEON	n Codel	_
2	RONALD E. GRAB		10039	OLD NATIONAL		IJAMSVILL	E, MI	
	1 Buriel 2 Cremation 3 Ra 4 Donetion Cher (Specify)	moval from State	PLACE AND DATE OF ON tery, cremetory or other of METHODIST	SPOSITION (Name of CEMETERY	02			m, Stata MARYLA
	21. SIGNATURE OF FOR ERAL SERVICE I	1- Clav		22. NAME AND ADDRESS OF	FACILITY	D.D.HARTZLE N BRIDGE, M	R & S	SONS
NO	23. PART i. Entar tha disease, Dishock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Rupture Bue to (or As A of	ch lina.	Cernial a				Approximet Interval Bat Onset and I
CERTIFICATION	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	CONSEQUENCE OF):					
MEDICAL	PART II. Other algorificant condition		t not reaulting in th	e underlying cause given	In Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
-								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF OEATH	(Check only o	nne)		
PHYSICIAN:	EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat	28b. TIME OF	HER: Nursing Home 5 Residen 28c. INJURY AT	00 8 (Oth		CURED	
à l	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	AER: Nursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	er (Specify) SCRIBE HOW INJURY OC		
TED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	AER: Nursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	er (Specify)		ute Number,
TED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	1 Inpatient 2 ER/Outpat 28a, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY – building, atc. (Specify	28b. TIME OF INJURY At home, farm, street,	HER: Nursing Home 5 Residen 28c. INJURY AT WORK7 1 YES 2 NO factory, office	26f. LOCAL	er (Specify) SCRIBE HOW INJURY OC CATION (Street and Number or Town, State)	or Rural Ro	
BE COMP	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, stc. (Specify SICIAN: To the best of my knowled IER: On the best of examination	28b. TIME OF INJURY At home, farm, street,	HER: Nursing Home 5 Residen 28c. INJURY AT WORK7 1 YES 2 NO factory, office	26d. DE 26f. LO Ch due to the ca the time, dat	er (Specify) SCRIBE HOW INJURY OC CATION (Street and Number or Town, State) susse(s) end menner as atale e end place, and due to the	or Rural Ro	
O BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY – building, atc. (Specify) SICIAN: To the best of my knowled ER. On the best of examination of the best of the be	At home, farm, street, age, dasth occurred at tendfor investigation, in in the interest of th	HER: Nursing Home 5 Residen 28c. INJURY AT WORK7 1 YES 2 NO factory, office he time, date end place, and a my opinion, death occurred at 29c. LICENSE I	28d. DE 28f. LO City due to the cathe time, date	er (Specify) SCRIBE HOW INJURY OC CATION (Street and Number or Town, State) susse(s) end menner as atale e end place, and due to the	or Rural Ro	end menner ee stat

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ast)	GARNER	2. DATE OF DEATH MONTH DAY

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last) WILSON S	GARA	15 h			2. DATE OF DEATH	DAY V	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER					JAN 3		
P)	214-14-0806 9s. FACILITY NAME (If not institution, give str	ĭXXM 2 □ F	(In yrs. last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 10/29/17		BIRTHPLACE (State or Foreign Country) M.C.
BO	ST MARYS HO	2SPITAL			OR LOCATION OF D	TOWN	9c. COUNTY	
- 5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 0173	, TOWN OR LOCAT				
DIRECTOR	Md. Charl	.es		Alton				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL		1 D+	D 4		ZIP CODE			OF WHAT COUNTRY?
뿐	Rt. 1 Box 31 Ch	12. WAS DECEDENT EVER			20611	ANIC ORIGIN? (Specify Ye	U.S	
B	RACE — American Indian, Black, White, atc. Specify: White							
B	15. DECEOENT'S EOUCI (Specify only highest grade of	ATION	18a. DECEOENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	JSINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo. retired.)	st of working			
A P	llth Grade		Farmer			Far	ming	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maider		
BE	Thomas A. Gar	ner			Rosebe	elle Insc	oe	
TO BE CON	196. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		de)
	Ruth Creighton		Rt.	l Box 3	Bl Bel	Alton Md	. 206	611
18nm	20a METHOD OF DISPOSITION A Buriel 2 Cremetion 3 Remove	ral from State Cor	PLACE AND DATEO	F DISPOSITION (Na	me of	2 /AB / De2. LO	OCATION City	or Town, Stata
	4 Donation 5 Other (Specify)		St. Igna	itious	Chape1	Pt. Ch	apel 1	Pt. Md.
Ē	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / /		ATEL	O ADDRESS OF F	neral Ho	me Ind	
	Navid	Echolo		211 8	St. Mar	y's Ave.	LaP1	ota md
event, me men	23. PART I. Enter the diseases, or concendence, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	Desi	ロシャナか	y FZ	ilae.	iratory srrest	, Approximete Intervel Between Onset and Death
N N	Sequentially list conditions, b.	Sep	S CONSEQUENCE OF	40CI	(0	2 NOU		
AT	If sny, leading to immediate cause. Enter UNDERLYING	A Cont	CONSEQUENCE OF	1: 	~	とっちゃへ	0 9	No.
CERTIFICATION	CAUSE (Disease or injury c. that initiated events	OUE TO (OR AS	CONSEQUENCE OF	7 P D /		2000		
H	resulting in deeth) LAST	80	10		51	eedin	3	
	DART II Ostan alan III a iii						,	
N: MEDICAL	PART II. Other significant conditions	contributing to death t	out not resulting in	n the underlying	cause given in	1 Part I. 24a. WAS AP PERFO	BMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)		
PHYSICIAN:	1 YES 2 W-NO	1 Inputiant 2 ER/Out		OTHER: 4 Nursing Home	5 🗆 Rasidence	8 Other (Specify)		
PH	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT	28d. OESCRIBE HOW	INJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spe-	— At home, farm, st	reet, factory, office		28t. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,
COMPLETED		AN: To the best of my know						use(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	, ou			29c. LICENSE NU	MBER		GNED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CALIFOR OF THE	ATH OTEN CO.		136	206	1	31/92
	DR KIRAN.	MEHTA	mis	mint)				
	FFR 03 '92	32 REGISTRAR'S SIGN	ATURE MANdell					

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE	STATE OF I						MENTAL HYGIEN		0	3872
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) Gene	Ron		Gı		E OF	DEATH	2. DATE OF DEATH MONTH 02 02		ў ў ў ў ў ў ў ў ў ў ў ў ў ў ў ў ў ў ў	3. TIME OF GEATN 10:30P N
	4. SOCIAL SECURITY NUMBER 244 52 5910	5. SEX	6. AGE (In yrs. Ia:			DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 04-27-19:			PLACE (State or Foreign
ROB	98. FACILITY NAME (If not institution, give s 2509 Shuresville RESIDENCE OF DECEDENT				9b. CITY, TOWN OR LOCATION OF GEATH Darlington				9c. COUNTY OF DEATN Harford		
DIREC		_v Harford		10c. CIT	c. city, town or Location Darlington						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL DIRE	2509 Shuresville					21034			US	A	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	Aarried 2 Married FORCES? 1 X YES 2				If yes, sp	ecify Cuban, Maxica 2 X NO Special	NIC ORIGIN? (Specify Ye an, Puarto Rican, atc.) fy:	e or No	14. RACE Black, Specify	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	·)	16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Pawn Broker				166. KIND OF BU			WIIIC
OM	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	Tav	VII D	TOK	er	18. MOTNER'S NA	Self E		ea_	
BE C	Marion F. Gu	V					Katie	Bell			
70	Ms. Debra L. Gu	ıy						Route Number, City or Tow			21034
	20e. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20h PLACE	ANDDATE	OF DISPO	SITION /A/		DAYE 200 LC	erdee:	lty or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC	SENSEE	I	`	22	Mit	ohell–Sm	ith Funera Grace, MD	al Hom	ne,	
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications the List only one cau	t caused the de ise on each line	eath. Do r	ot ente	r the mo	de of dying, suc	ch as cardiec or reep	Iratory arre	at,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mu	COLLEGE AS A CONSE	dia	L_	i	faro	turn			Onset and Death
NOI	Sequentielly list conditions, if any, leading to immediate	· All	OR AS A CONSE	LONG	ple	ubl	e cor	enany	arte	Try	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition Lud Stall Levening Levening	e contributing to	death but not r	equiting (in the u	nderlyln VW	g ceuee given in	Pert I. 24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sic	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 [X] NO	HOSPITAL:		_	OTHE	R:	ACE OF DEATH (Ch				
	27. MANNER OF DEATH 1 X Natural 5 Pending	26e. DATE OF (Month, D.	YRULMI	26b. TIM		26c. INJ WO		6 ☐ Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	28s. PLACE O building,	F INJURY At ho etc. (Specify)	me, ferm, s	treet, fec			28f. LOCATION (Street : City or Town, State)	and Number of	r Aurai Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PNYSI	CIAN: To the best of R: On the besis of a	my knowledge, da	ath occurre	n, in my	time, data opinion, d	and place, and dua	to the cause(a) and mar time, data and place, an	nner as stated	i. cause(s)	and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER						29c, LICENSE NUI				Month, Day, Year)
2	30 NAME AND ADDRESS OF REPSON WAN	0.00101					D3736	4	▶ Fe	b. (3, 1992

WNO COMPLETED CAUSE OF DEATN (TYPE, Print)

Avenue,

Aberdeen,

MD

21001

Bel Air

32. REGISTRAR'S SIGNATURE

J.

Kim,

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31. DATE FILED BY

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cremation,

een signed by the attending physician and completely of Health and Mental Hygiene prior to burial, cremating

certificate has been h the State Dept, of I

with L

DIRECTOR: After the hours after death w

FUNERAL (=

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BALTIMORE, MARYLAND 21215-0020	SSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
,	thin 24	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N: The law requires that the death certificate be executed with	The state of the s
OF V	HYSICIAN	A
DIVISION	SPITAL DR ATTENDING PI	The same and the same

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Catherine H. Hurley HURLEY JANUARY 31 2317 1992 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. leat birthday) 7. DATE OF BIRTH 2/3/1933 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 214-68-7317 1 M 2 X F 58 DAYS HOURS Georgia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENTNSILLA GENERAL HOSPITAL SALISBURY WICOMICO DIRECT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Dorchester Vienna MXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Market Street 2X1X8X3X5x 21869 US WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
 ti wea. specify Cuben, Mexican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married It yes, specify Cuben, Mexican, Puarto Ri 1 YES XXNO Specify: IF YES, GIVE WAR OR DATES Specify: White BY 3 X Midowed 4 Divorced COMPLETED 15. DECEDENT'S EQUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) John Walter B Theresa Zentgraft 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Milford M. Hurley, Jr. Rt 1 Box 72 Ravenwood Rd. Vienna, Md 2186 20a. METHOD OF DISPOSITION

| Purise | 2 | Cremation | 3 | Removal from State | 4 | Donation | 5 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Veterans Cem 2-3 Hurlock, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge, Md 21613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximsta shock, or heert failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Fine) Oneat and Death disease or condition resulting in death) bloding secretary for Corner. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 Dipatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 3 Suicide 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) COMPLETED 6 Could not be 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, each occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITUE OF CERTIF 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 2 O COMPLETED CHUSE OF DEATH (ITEM 27) (Type, Print) SALISBURY RIUSRSIDE BRIVE Md, 21801 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Sidie Lavillon Randall FFB - 4'97

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE G. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE			. TIME OF DEATH
1	Helen Marie Ha	rmon				Jan.	29 19	92	9:06 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH		LACE (State or Foreign
\	212-30-2823	1 🗆 M 2 💢 F	59 YRS.	MONTHS DAYS	HOURS MIN.	Sept.	20,1932	Mari	yland
)	9a. FACILITY NAME (If not institution, give s	Historia de Cara		9b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COU	INTY OF DEA	АТН
6	6510 Pampano Dr	ive		Glen	Burnie		Ann	e Arui	ndel
RECTOR	RESIDENCE OF DECEDENT 10a, BTATE 10b, COUNT		10c, CIT	Y, TOWN OR LOCAT	ION			1	IOd. INSIDE CITY
뜻	Maryland Anne	Arundel		Glen Bu					LIMITS?
=	10e. STREET AND NUMBER				ZIP CODE		10g. CIT		IAT COUNTRY?
EB	6510 Pampano Dr	ive			21061			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMEO		ENDENT OF HISPAN			14. RACE -	– American Indian, Whita, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			cify Cuban, Maxica 2 NO Specify		etc.j	Specify:	hite
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COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		WSUAL OCCUPATION Work done during mose retired.)		100. KINL	OF BUSINESS/IN	OUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	1.00	oector		Cat	alyst R	esear	ch Inc.
OM	17. FATHER'S NAME (First, Middle, Last)		2.00		18. MOTHER'S NA				
	George E. Calt	rider			Edna	Heaps			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Rural I			ip Code)	
2	Diane L. Luhman		6510	Pampano	Drive (Glen Bu	rnie, M	d. 2	1061
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Rem	noval from State	b. PLACE OF DISPO				20c. LOCATION -	-	n, State
	4 🗆 Donation 5 🗆 Other (Specify)		Lorraine	Park Ce			Balto.	, Md.	
	21. BIGNATURE OF FUNERAL SERVICE LI	CENSEE	10	22. NAME A	IO AODRESS OF FA	CILITY 1	1824 Re	ister	stown Rd.
	- C. Bu	an Towe	u	Eline	Funeral	Home	Reister	stown	, Md.21136
		complications that cause List only ona cause on							Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Parisal.	0						Onset and Destin
ŀ	resulting in death)	B. POCHETO (OR AS	A CONSEQUENCE O	PF):					sya1s.
z		h							1
은	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	NF):					
2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c							
E	that initiated events resulting in death) LAST	OUE TO (OH AS	A CONSEQUENCE O	PF):					j
CERTIFICATION		d							+
CAL	PART ii. Other aignificant condition	ns contributing to deeth	but not reaulting	in the underlying	g cause given in	Part i. 24s.	WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						10	YES 2 10	- 1	COMPLETION OF CAUSE OF DEATH?
ME						_ 1			1 [] YES 2 [] NO
PHYSICIAN: MEDI									
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	LACE OF DEATH (Ch	neck only one)			
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Ou	·	4 - Nursing Hor	ne 5 Aasidenca				
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY W	PURY AT DRK? YES 2 NO	280. DESCHIE	E HOW INJURY O	CCUHED	
ВУ	2 Accident Investigation	26a. PLACE OF INJUR	Y At home, farm.			28f. LOCATIO	N (Street and Numb	er or Rumi Ro	oute Number.
COMPLETED	3 Suicide S Could not be 4 Homicide determined	building, atc. (Sp	ecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Tox			
	29a. CERTIFIER	SICIAN: To the best of my kno	underden deuth annu	mad at the time a dat	and alone and due	to the source(s)	and manner on at	and a	
MP	anal and	ER: On the basis of examinat							and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		- 34.00.00.4.0		29c. LICENSE NU				
BE	A CONTRIBUTE OF CENTIFIC	2			A SULLICENSE NO	C	2va. U/		(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Typ	e, Print)	02593	8		1-30	7-92
	JEANNE McCo.	111 9512. 1	lapland.	Rd Bel	1 box -	21234			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	VG INC/	//4	-/ 5% () /			
	FEB 4'92	Filia Devidson	- Randelle						

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	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	VERAL DIRECT	DELIAL OF REPUBLIA FILLOCKINE THE GAVE ENGINE OF THE DESCRIPTION OF WINNESS AND THE DESCRIPTIONS ATTENDED OF THE OBJECT OF THE O

	1. DECEDENT'S NAME (F		LLADI.	11	CATE OF			REG. NO		3.	TIME OF DEATN
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	219-01-056	6	1 PENALE	88 YAS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10/	of BIRTH / th. Day, Year) 17/03	MZ	Country)	
B	FREDERICK	MEMORIA			FREDER	OR LOCATION OF D	DEATN		FREDI		
DIREC	10a. STATE	10b. COUNT	Y ROLL		TOWN OR LOCA ON BRIDG						d. INSIDE CITY LIMOS? TYES 2 NO
ERAL	100. STREET AND NUMBER 214 PHILLI				10	or. ZIP CODE 2179	91		10g. CITIZE		T COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed Married D	_	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR NO	S 2 NO	II yes, s	CENDENT OF NISPA pecify Cuban, Maxic S 2 NO Speci NO	an, Puerto	N? (Specify Yer Ricen, etc.)	n or No— 14	4. RACE — Black, W Specify: WHIT	American Indian, hite, etc.
ETED	15. D (Specify) Elementary/Secondary	DECEDENT'S EDU only highest grade y (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during m	ION lost of working	16	b. KIND OF BU	SINESS/INDUS	STRY	
COMPL	7			SEAMSTRE	SS			SEWI	NG CO.	•	
ပ္က	17. FATHER'S NAME (First, JAMES LETT					18. MOTNER'S N.	AME (First, WETZ		Sumame)		
00	19a, INFORMANT'S NAME			19b. MAILING A	ADDRESS (Street	and Number or Rural			n. State. Zio Co	nde)	
임	RILEY E. H			214 PHI				BRIDGE		MD	21791
	20a. METHOD OF DISPOS 1 D Burlat 2 Creme	Rtion 3 🛄 Hem	IAL 20 Co	Ob. PLACE AND DATE OF			DAT	E 20c. LO	CATION - City	y or Town,	Stata
	4 Donation 6 Ott			BETHANY C		ND ADDRESS OF FA	12/	D. D.	YLORS		
	athar	-). Hartz	fer		UNION	BRID	GE, MD)		CNOC
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ERTIFICAT	IMMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list conditions, leading to immicause. Enter UNDERI CAUSE (Disease or in their initiated events resulting in death) Li	ditions, nediete LYING niury	a. TUME TO (OR AS	each line.	heart	t fa			natory stres	Д,	interval Betwee
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-10urs after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept IMPORTANT: If Item 28 is marked, or Item 23	

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		WENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last	Elisha	1	Kan.	e	2. DATE OF OEATH MONTH	Z 9	21	7/8
4. SOCIAL SECURITY NUMBER 212–38–2668			F UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morgh, Day, Year) 01-08-3	32	Country) Mary	rland
9a. FACILITY NAME (If not institution, give Carroll County			20	R LOCATION OF DE Westmisn			ry of DEAT	. County
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		TOWN OR LOCAT			•		d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	roll County	Syk	esville	ZIP CODE			EN OF WHA	YES 2 NO
501 Oklahoma Av 11. MARITAL STATUS 1 Never Married 2 Married	POPUE 12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify in, Puerto Ricen, atc.)		U.S.P	American Indian.
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 YES	2 NO Specifi	y:	10001500 (015)	Specify:	Black
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kind of wo	ork done during mo	earch Analy	100	e of Ma		nd
17. FATHER'S NAME (First, Middle, Last) Louis Alb	ert Kane				ME (First, Middle, Meid	en Sumame)		
19a. INFORMANT'S NAME (Type/Print) Mrs. Eliza D. K	(ane				Route Number, City or 1 Sykesvill			
20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	amoval from State 20b	PLACE AND DATE	of disposition cemeter	(Name	1	location — c Sykesvi		
21. SIGNATURE OF FUNERAL SERVICE	R. Haif	t	Hai		eral Home e, MD 2178			
23. PART I. Enter the diseases, a shock, or heart fellut immediate CAUSE (Finel disease or condition resulting in death)	a. Asysto	och line.					st,	Approximete Interval Betwee Onset and De 5 m 18
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	Ca	rdio M	yo par	rhy		10yrs
PART II. Other algorificent condit	lona contributing to death be	ut not reaulting in	the underlyin	g ceuse given in	PERI	AN AUTOPSY FORMED?	AM CC OF	ERE AUTOPSY FINDINGALABLE PRIOR TO DMPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)	6 Other (Specify)			
27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HO	W INJURY OCC	URED	
2 Accident Investigation 3 Suicide 6 Could not 4 Homicide determines	26a. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	treet, factory, offic	•	26f. LOCATION (Stre City or Town, Str	et and Number (ate)	or Runal Rout	te Number,
const.	IYSICIAN: To the best of my know							nd manner sa stated.
36 SIGNATURE AND TITLE OF CERT	FIER WHEEL	mo		29c. LICENSE NU	MBER 296	29d. DATE	SIGNED (M	ontif Day, Year)
30. NAME AND ADDRESS OF PERSON R. RICKETS	MD CC			inster	MD	21	15	7
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						

31. DATE FILED (Month, Day, Year)
FFR 3 '92

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND E OF DEATH	MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Lest) Beulak	Sarah	Keet	er	2. DATE OF DEATH	DAY 195	3. TIME OF DEATH
(aD	1	4. SOCIAL SECURITY NUMBER 218-09-3653	5. SEX 1 M 2 F 88	YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1903	HETAPLACE (Stap or Form
	FLOTO	90. FACILITY NAME (If not institution, give s	General Hosp	, 96. CO	STAINSTE	DEATH	9c. COUNTY	OF DEATH
off. Pages 1	DIRE	Mary and 106. COUNT	1011	10c. CITY, TOWN	TAINSTE-			10d. INSIDE CITY LIMITS? 1 YES 2 2 10
020 physician. buñal-transit permit.	FUNERAL	1234 Wash	ington Ad.		2/157		U.	OF WHAT COUNTRY?
	BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 III YES, GIVE WAR OR DATES	NO 13	WAS DECENDENT OF HISP If yes, specify Cultin, Mexi 1 YES 2 NO Spec	cen, Puerto Ricen, elc.)		RACE — American Indian, Black, While, etc.
2121 al or atte for use a	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) ((ECEDENT'S USUAL Give kind of work done o. Do NOT use retired.	during most of working	Ensli	USINESS/INDUST	merican Co
/LA be det	SE COMP	17. FATHER'S NAME (First, Middle, Lest)	Bollinger	-		IAME (First, Middle, Malde	n Surneme) la	nt2
be retain ge 5 sho e notifi	TO B	190. PORMANT'S NAME (Type/Print)	éefe-	H E .	SKStreet and Number or Rura Rey St.	Ne Stain	wn, State, Zip Code	"hd - 01157
e 6 m ector,		20a, METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem 4 Donalion 5 Other (Specify)	oval from State ceretary or	and DATE OF DISPO	hel Cem.	4/1/20 1	Jestan	or Town, Slate Al.
- 9 m		& Thomas	the of	1	ktcher T.	H. Wes	stainst	- Md.
y filled in the trien, or res		23. PART I. Enter the discesses, or on shock, or heert feliura. IMMEDIATE CAUSE (Final discesse or condition recuiting in deeth)	complications that caused the difference on sach lin	eeth. Do not ente	r the mode of dying, su	ch es cerdiec or reep	piratory arrest,	Approximete interval Between Onset and Deat
OX 68760, be executed within ician and completel rior to burial, crema traumatic event,	NO	Sequentially list conditions,	DUE TO (OR AS A CONSE	OUENCE OF):	à			
certificate be ding physician to sygiene prior to other traun	FICATION	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSE	D	, CAD)		
S, P death e atten emtal H	CERTIFI	resulting In death) LAST	Denen	liq	HX	CUA		
RECORI requires that to een signed by of Health and shows any in	: MEDICAL	PART II. Other significent condition	s contributing to deeth but not	resulting in the u	nderlying causa given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NONO
AN: The faw ifficate has b s State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
NG PHYSICIAN: The this certificate eath with the State marked, or Item	РНУ	27. MANNER OF DEATH 1 🞾 Natural 5 🗌 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
DI VISION DR ATTENDING I DIRECTOR: After hours after death tem 28 is man	ETED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al ho building, etc. (Specify)	oma, larm, streat, le	1 YES 2 NO	281. LOCATION (Street City or Town, State	end Number or Ru	eral Route Number,
TAL DR VAL DIRR 72 hour	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my knowledge, do	eath occurred at the investigation, in my	ilme, date end place, end du opinion, death occured at th	a to the ceuse(e) and me e time, date end place, e	nner es atated.	se(s) end menner as stated
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	O BE C	296. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU		29d. DATE SIG	NED (Month, Day, Year)

CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR FLOCO

Julia Davidson-Randall

8 Ancher St.

arnen sa

TO BE COMPLETED BY FUNERAL DIREC

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARYLAND 212	e hosp	etache	nce.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires	en sign	hows
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18	ATTE	ECTOP s after	1 28
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	E HO	HE FU	DRITA
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aus after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

J.

31. DATE FILED (Month, Day, Yea

WEIGEL

M.D.

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE			1	3. TIME OF DEATH
Nicholas	Kokos	IANIS				MONTH OZ	O/	19	92	12:45 AM
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs.	**	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIL				IPLACE (State or Foreign
130-12-8776	TXXM 2 □ F	70	YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, 10-31			WES	T VIRGINIA
De. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	OR LOCATION OF D		Ī	9c. COU	NTY OF D	
CHARLOTTE HAI	L VETER	RANS H	OME	CHAR	LOTTE H	IALL		SI	. M	ARY'S
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ГҮ		10c, CITY,	TOWN OR LOCAT	TION					10d. INSIDE CITY
MARYLAND	ST. MAR	Y'S	(HART.O	TTE HAL	Τ.				LIMITS?
00. STREET AND NUMBER	DI, IIII	CI D			. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
RT.#5 BOX 2					20622				U.S	Δ
1. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. WAS DEC	ENDENT OF HISPAI		cify Yee	or No-		E — American Indian.
Never Merried 2 Merried Merried 2 Merried Divorced	FORCES? IF YES, GIVE	YES 2 WAR OR DATES ARMY	NO	If yes, sp	ecify Cuban, Mexica 2 X NO Specif	in, Puerto Ricen,	atc.)		Spec	k, White, etc.
15. DECEOENT'S ED (Specify only highest grad	UCATION le completed)	16e.	DECEDENT'S US	NAL OCCUPATION	ON set of working	16b. KIND	OF BUSI	NESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT use i	retired.)						
6th GRADE			COC	K		I	RESI	CAUF	RANT	S
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle,	Maiden S	urneme)		
EUGENE KOKOGI	ANIS				ANGEL	IKE GH	HEK]	S		
e. INFORMANT'S NAME (Type/Print)					and Number or Rural					
BESSIE MENTIS	1				A DD II	TICARTE	TAK A	(T)	210	0.2
DESSIE MENIIS	<u> </u>		276 F	ADONI.	A KD. 1	TMONT	JM, P	ID.	ZIU	93
0s. METHOD OF DISPOSITION		other	CE OF DISPOSIT	ION (Name of car	metery, crematory or					own, State
0e. METHOD OF DISPOSITION X Souriel 2 Cremetion 3 Rer Donation 5 Other (Specify)	noval from State	other	CE OF DISPOSIT	NS CE	metery, crematory or M. 2-4-	92	20c. LOC	ATION —	City or To	
DESSIE MENTIS 20e. METHOD OF DISPOSITION 1. Service 2 Cremation 3 Rer 1. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	noval from State	other	CE OF DISPOSIT	NS CE	M. 2-4- ND ADDRESS OF FA	·92 (20c. LOC CHEI	ATION —	City or To	own, State
Rea. METHOD OF DISPOSITION Spuriel 2 Cremetion 3 Rear C Donation 5 Other (Specify)	noval from State	other	CE OF DISPOSIT	NS CE 22. NAME AI AREH	M. 2-4- ND ADDRESS OF FA	92 (20c. LOC CHEI HOME	TENE, IN	City of To NHAM NC .	own, State
Ob. METHOD OF DISPOSITION Viburiel 2 Cremation 3 Rer Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or	ICENSEE	MD.	CE OF DISPOSIT Place) VETERA death. Do not	NS CE 22. NAME AI AREH LA P	M. 2-4- ND ADDRESS OF FA ART FUN LATA, MA	92 (CILITY IERAL I	20c. LOC CHEI HOME D 2 (TENE, IN	City or To	own, State
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DHMH-16 Rev 1/89

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26358

LEONARDTOWN, MD.

2-1-92

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) SIGVOLD 4. SOCIAL SECURDY NUMBER	5. SEX 6. AGE (KNUd:	SEN UNDER 1 YEAR		2. DATE OF DEATH DO TAN. 3	1 199	3. TIME OF DEATH 2. 10:30 N BIRTHPLACE (State or Foreign		
examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR. 1.	095 09 1736 Sa. FACILITY NAME (If not institution, give s	1 ⊠ M 2 □ F	90 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 06-29-19(Norway		
	HORFORD MCI RESIDENCE OF DECEDENT 104. STATE 106. COUNTY	morial Hosp		HAVRE		brace	Ha	RFORD 100. INSIDE CITY		
	MD H	Harford Havre de				ice	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?			
	11. MARITAL STATUS	FORCES 4 VES 4 MINO			21078 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Sp.					
	1 Microsoft 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	IF YES, GIVE WAR OR DATES			3 2 X NO Specify:					
	(Specify only highest grade	College (1-4 or 5+)	(Give kind of work done during most of working				Self Employed			
	17. FATHER'S NAME (First, Middle, Last) Sakarias Knudson			16. MOTHER'S NAME (First, Middle, Melden Remina Kristians			Surname)			
	19a. INFORMANT'S NAME (TyperPrint) Mrs. Rosemarie V 20a. METHOD OF DISPOSITION	T	2526	Old Ro		Road, H	avre d	le Grace, MD		
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	oval from Stata of	cemetary crematory or Wesleyan	Chapel		y2/4 Ab	erdeen	y or Town, Stata , MD		
	► William	S. Sms	Ŧ	Mitch	ell-Smith e de Grac	Funeral	Home, 21078-			
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TENING PHYSICIAN: The law requires that the gean centricate be executed. TOR. Attent this certificate has been signed by the attending physician and after death with the State bept. of Health and Mental hygher prior band or after death with the State bept. of Health and Mental hygher prior band attended, or litem 23 shows any injury, or other traumatic TED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):							
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	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Chec					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.		28d. DESCRIBE HOW	INJURY OCCU	RED		
	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify)				ce ce	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
FUNERAL DIREC WITHIN 72 hours TANT: If Item	one)	ICIAN: To the best of my know ER: On the basis of examination						cause(a) and manner as stated.		
TO THE FUNERAL DE filed within 72 IN IMPORTANT: If I	205. SIGNATURE AND TITLE OF CERTIFIE	rmabil	lup_		29c. LICENSE NUMI	BER	29d. DATE S	SIGNED Month, Day, Year)		
-	PANTE a.	MONAK	EATH (ITEM 27) (Type, Pri	(nt)	Horr	i de C	race	ud 210		
	31. DATE FILED (Month, Day, Year) FFR 0 3 '9')	32. REGISTRAR'S SIGN	NATURE Randal	0.						

į 1.	. DECEDENT'S NAME (First,	11-200	ll E. Lowe			ICATE (2. DATE O	DE DEATH DAY		3. TIME OF DEATH
4.	. SOCIAL SECURITY NUMBI		5. SEX		s. last birthday)	IF UNDER t Y		DER 24 HRS.	7. DATE C	F BIRTH	8. BII	RTNPLACE (State or Foreign
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	Maryland	HOWA	ard County	V	10c. Cri	y, town or i	LOCATION Ct Cit	V				10d. INSIDE CITY LIMITS?
	00. STREET AND NUMBER	11000	Ta courc				10f. ZIP CO			-	10a, CITIZEN O	1 XYES 2 NO
FUNERAL	606 Hollow	w Road	E					21043				5.A.
	1. MARITAL STATUS Never Married 2 🔯 Widowed 4 🗌 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TYES 2	□ NO	If ye	-	T OF NISPAI	in, Puerto R	(Specify Yes o	В	ACE — American Indian, Black, Whits, etc. pecify: White
COMPLETED		EDENT'S ED y highest grad		164	e. DECEDENT'S	USUAL OCCL	JPATION	orkina	16b.	KIND OF BUSI	NESS/INDUSTR	Υ.
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	Ralph Ell		owe							Bopst	urnamej	
	9a. INFORMANT'S NAME (7)										State, Zip Code,	
	Mrs. Mildred								cott		MD 210	
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O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	MMEDIATE CAUSE (Findisease proordition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or Injurity Later (Disease or Injury Later (Disease or Injury	ione, diate ing int conditie	b. DUE TO c. DUE TO d. DATE OF (Month, L) 28e. PLACE C building. SICIAN: To the best of series o	COR AS A CO O (O	onsequence of the property of	OTHER: 4 Nursin AE OF JURY M street, fectors	erlying ceue 28. PLACE 0 19 Home 5 28. INJURY AT WORK? 1 YES 29, office	dying, suc	Part I. Part I. 28d. DES to the cause time, date	24a. WAS AN A PERFON 1 YES 2 (Specify) CRIBE NOW IN Street as or Town, State)	MUTOPSY MEDE NO JURY OCCURE Ind Number or Ru There as stated.	Approximate Interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset Onse
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	MMEDIATE CAUSE (Findlesses production resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injurity in the condition of the cond	ione, diate ing int conditie	b. DUE TO c. DUE TO d. DATE OF (Month, L) 28e. PLACE C building. SICIAN: To the best of series o	COR AS A CO O (O	onsequence of the property of	OTHER: 4 Nursin AE OF JURY M street, fectors	erlying ceue 28. PLACE 0 19 Home 5 28. INJURY AT WORK? 1 YES 29, office	dying, suc	Part I. Part I. 28d. DES to the cause time, date	24a. WAS AN A PERFON 1 YES 2 (Specify) CRIBE NOW IN Street as or Town, State)	MUTOPSY MEDE NO JURY OCCURE Ind Number or Ru There as stated.	Approximate Interval Betwood Onset and De On
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI				GIENE G. NO.	
	1. DECEOENT'S NAME (First, Middle, Lest)	James Al	ンロイ	Kelvey		2. DATE OF DE	ATH	3. TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER 214-18-4789 9. FACILITY NAME (If not institution, give	18M2 = F	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. NOURS MIN. IR LOCATION OF DE	7. DATE OF BIF (Month, Day, 11 1 1 8	Year)	BIRTHPLACE (State or Foreign Country) orth Caroli
POL	Mallard Bay N			CAN	BOID	- 0		hester
DIRECTOR	10e. STATE 10b. COUNT	orchester	111-	nbridg	000			10d. INSIDE CITY LIMITS? ▼ ▼ YES 2 □ NO
	104. STREET AND NUMBER				ZIP COOE			OF WHAT COUNTRY?
BY FUNERAL	307 Marylar 11. MARITAL STATUS 1 Never Merried 2 Merried 2 Wildowed 4 Olvorced	1Q AVE. 12. WAS DECEDENT EVER IN FORCES? 1 Tyes IF YES, GIVE WAR OR DA	24 XNO	If yes, spi	21613 ENDENT OF HISPAR HOLITY Cuben, Mexica Description of the second of	in, Puerlo Ricen,	U.S cify Yee or No— 14. etc.)	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		life. Do NOT use i	k done during mo retired.)	st of working		OF BUSINESS/INOUS	TRY
COMP	17. FATHER'S NAME (First, Middle, Lest)		farmer-	-carpe	nter 16. MOTHER'S NA		Lf emplo Meiden Surname)	yed
BE	Baxter 100. INFORMANT'S NAME (Type/Print)	Leroy McK	elvey	DDRESS (Street e		ra Ja	AYNES	de)
10	Mrs. Mary Rav		307	Maryl	and Ave	. Camb	oridge M	d. 21613
	Mariel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata S	pring Hi				20c. LOCATION — City Hebron	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	9		D ADDRESS OF FA	Thor		ral Home Md. 21613
CERTIFICATION	23. PART I. Enter the diseases, prehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	consequence of:	anter the mo	de of dying, suc	h as cardlec o	r respiratory arrest	Approximats Interval Between Onaet and Death Cee/C
MEDICAL	PART II. Other algoriticant condition Fracture Organic D.	4/ / /	ut not resulting in	the underlying	g cause given in	'	WAS AN AUTOPSY PERFORMED? YES 2 100	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PNO	HOSPITAL:		THER:	ACE OF DEATH (Ch			l.
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 26c, INJ	RK?		HOW INJURY OCCUR	EO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre		/E\$ 2 NO	261. LOCATION City or Town	(Street end Number or n, State)	Rural Route Number,
COMPLET	anal .	SICIAN: To the best of my knowl ER: On the basis of axemination						suse(e) end manner as stated.
BE	295, SIGNATUME AND TITLE OF CENTRE		L. 14	0	29c. LICENSE NUI D 282		· ·	IGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF FERSON WI	HO COMPLETED COSE OF DEA	ATH (ITEM 27) (Type, P	Aurs,	n. 17.	Camb	ridge 1	rd 2Km
	31. DATE FILED (Month, Day, Year)	32. REGISTIAR'S SIGN	Son- Gandelle					

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4	The last
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ACCEPTAL OF ATTENDIAL DEVOLUTANT The law requires that the death certificate he executed within 22 hours after
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<u>s</u>	ATTE
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR WILLIAM MILTON MARTIN 01/29/1992 11:51 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 - F YRS. 214-36-0539 MARYLAND 03/22/1939 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRE DERICK MEMORIAL HOSPITAL RESIDENCE OF DECEDENT FREDERICK FREDERICK 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND FREDERICK 1 V YES 2 NO WOODSBORO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE burial-transit 100 ADAMS ROAD 21798 leath. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 M Married BY 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced be detached for use as the WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 8+) 10 COUNTY CHIGHWAY DEPARTMENT TRUCK DRIVER 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at ANNA BELLE SPRINGER BE ELMER LeROY MARTIN funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 9 RUTH BOLLER MARTIN 100 ADAMS ROAD, WOODSBORO. MD 21798 þe 20e. METHOD OF DISPOSITION

1 M Burlel 2 Cremetion 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must HOPE CEMETERY WOODSBORO. MARYLAND medical examiner FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. HARTZLER & SONS WOODSBORO, MARYLAND the removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cerdisc or respiratory arrest, Approximate filled in by shock, or heart failure. List only one cause on each line. Intarval Batween cremation, or Onset and Death IMMEDIATE CAUSE (Final item 23 shows any injury, or other traumatic event, the disease or condition Mr. szen completely resulting in death) DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician and con Dept, of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e, WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AWAR ARLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 -NO 1 YES 2 NO PHYSICIAN: FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | TOOA ng Home 5 - Residence 8 - Other (Specify) 4 I Num 28 is marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED 8 Could not be datermined 4 🔲 Homicide MPORTANT: If Item 29e. CERTIFIER

Thank and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis r Investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) end manner as stated. 29h, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day. 29c. LICENSE NUMBER 五五五 BE 223 2

South

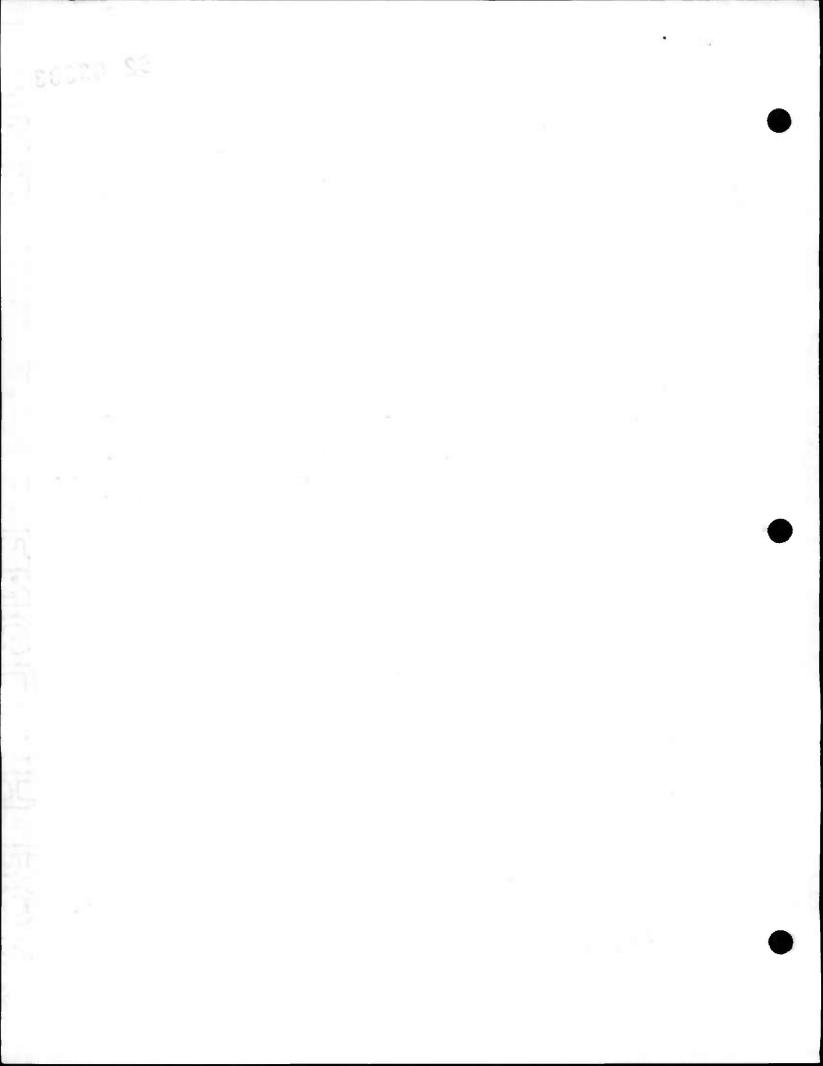
100 12 REGISTRAN'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

Harper

31. PATE FILED (Month) Ogly, Year)

	1. DECEDENT'S NAME (First, Middle, Lac			rs	DEAIN	REG. N 2. DATE OF DEATH MONTH	- (J. TIME
1	4. SOCIAL SECURITY NUMBER 212-52-6967 2-12-52-696		g yrs. lest birthday) G YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIETH (Month, Day, Jose)	-1955	BIRTHPLACE (S COUNTY)
1)	9a. FACILITY NAME (N. 18) 11 11 11 11 11 11 11 11 11 11 11 11 11	r Rd		9b. CITY, TOWN	ORLOCATION OF DI		9c. COUNTY	y of DEATH ATTOYO
DIREC	Maryland	Harford		ту, тоwn оп Loc. Јорра	ATION			10d. INS LIM 1 🔲 YE
FUNERAL	100. STREET AND NUMBER 1518 Philadelph	nia Road		1	01. ZIP CODE 21085		10g. CITIZE US	N OF WHAT COU
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	ECENDENT OF HISPAI specify Cuban, Mexica ES 2 NO Specif		Yea or No 14	Specify:
COMPLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		(Give kind of life, Do NOT L	s usual occupat work done during n use retired.)	nost of working	-	eusiness/indus	inistra
	17. FATHER'S NAME (First, Middle, Lest) Earl Albert I	Derwinis				Anna M	en Sumeme) arschat	
TO BE	190. INFORMANT'S NAME (Type/Print) Mary C. Annunzia	ato	19b. MAILIN	G ADDRESS (Street	t and Number or Rural lise Road	Aoute Number, City or 1 Havre de	own, State, Zip Co e Grace	ode) Md. 2
	TO COUNTY							
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Hanguis	CONSEQUENCE C	not anter the m		y Road, A		
CERTIFICATION	ahock, pr heert fellur IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	a. Hanging DUE TO (OR AS A C. OUE TO (OR AS A d	CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (not anter the m OF): OF): or):	node of dying, aud	Part I. 24a, WAS		at, Ap
HYSICIAN: MEDICAL CERTIFICATION	ahock, pr heert fellur IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	a. Hanging B. DUE TO (OR AS A C. OUE TO (OR AS A d	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C Ut not resulting	OF): OF): OF): OF): OF): OTHER: 4 Nursing He ME OF 26e, If	Ing cause given in	Part I. 24a, WAS PERI 1 YES	AN AUTOPSY PORMED?	24b. WERE AL AVAILABI COMPLE OF DEAT
BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, pr haert fellur IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit MARCH ASS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. Janana Due to (OR AS A DUE TO (OR AS A DUE	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C UNIT NOT resulting UNIT NOT PROVIDENCE C 28b. Till UNIX	DF): DF): DF): DF): 26. OTHER: 4 Nursing Ho	ing cause given in	Part I. 24a, WAS PERI 1 YES	AN AUTOPSY ORMED? 2 NO W INJURY OCCU hanged et and Number or	24b. WERE AL AMAILLAN COMPLE OF DEAT 1 YE
HYSICIAN: MEDICAL CERTIFICATION	ahock, pr haert fellur IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit MANUAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 2 Accident 3 Suicida 6 Could not detarmined 29a. CERTIFIER (Check only) 1 CERTIFYINO Ph	a. Hours only one cause on as a	CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C C CONSEQ	OF): OF): OF): OF): 26. OTHER: 4 Nursing He SURV NOWM 1 , street, factory, off	Ing cause given in PLACE OF DEATH (CI DOME 5 Residence NUMENT AT WORK? YES 2 NO files and place, and du	Part I. 24a. WAS PERI 1 YES 1 Other (Specify) 28d. DESCRIBE HO Subject 28f. LOCATION (Str. Cly or Town, Str. ROad, Jo a to the cause(a) and a time, data and place.	AN AUTOPSY ORMED? 2 NO W INJURY OCCU hanged et and Number or and 15 Min 18 Mi	24b. WERE AL AMALABICOMPLE COMPLE OF DEAT 1 YE



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BALTIMORE, MARYLAND 21215-0020	xurs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 2 min 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.

	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Las	Ma.	W			ATE OF DEATH		YEAR /	E OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in/yrs. last birthday)	F UNDER 1 YEAR		ATE OF BIRTH		BIRTHPLACE	(State or Fo
1	578-18-0531	1 🗆 M 2 💢 F	78 YRS.	ONTHS DAYS H		arch 26		Country)	irgir
	9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN OR L	OCATION OF DEATH		9c. COUNT	Y OF DEATH	
מסומשטו	HOY CON	HOSPILAL)		Silver Spa	720		Moñ	Dome	my.
	10a. STATE 10b. COUN	ITY	10c, CITY,	TOWN OR LOCATION	1				ISIDE CITY
	Maryland		Si	lver Spr					rES 2
5	10e. STREET AND NUMBER	n 1		100.00	PCODE			N OF WHAT CO	OUNTRY?
FUNERAL	2101 Fairland 11. MARHTAL STATUS	12. WAS DECEDENT EVER			0904 DENT OF HISPANIC OF	IIOIN? (Specify Ye		S.A.	erican Indi
5	1 Never Married 2 Married 3 Widowed 4 Polyorced	FORCES? 1 TYES		If yes, specif	y Cuben, Mexican, Pua ☑★O Specily:	rto Rican, etc.)		Black, White Specify: W	atc.
	15. DECEDENT'S ED	DUCATION	16a. DECEDENT'S US	RIAL OCCUPATION		16b. KIND OF BU	CINECC/INDIA		
	(Specify only highest gra-		(Give kind of wor life. Do NOT use i	k done during most of	f working	TOU. KIND OF BU	SINESS/INDU:	SIRT	
	11		Wait	ress		Resta	aurant		
COMPLETIED	17. FATHER'S NAME (First, Middle, Last) Henry C. Teel			16	Ida F.		Surname)		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL ING AL	DDRESS (Street and I	Number or Rural Route	-	on Ctota 71- A	ordel	
2	Elmo Wines Jr	•	262	3 Fergus	on Ct. Wa	ldorf, l	1d. 20	602	
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Re		b. PLACE AND DATE OF		of	DATE 20c. LO	CATION — CH	ty or Town, Sta	ta
	4 Donation 6 Other (Specify)		metery, crematory or othe Metropoli	tan Crema		-30-92	Alexa	ndria,	Va.
	21. SIGNATURE OF FUNERAL SERVICE I	Casa I			ADDRESS OF FACILITY				
	23. PART I. Enter the diseasea, or			9320		Manag	000 1/	iroini	. 22
	iMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. CARDIO DUE TO (OR AS	PULM (NAR	ARE	EST			Onset sn
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS C. CONGLET DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF):	ant for	ulure	ary L	usea	se	
0	PART ii. Other algnificent condition	ons contributing to deeth	but not resulting in	the underlying co	ouse given in Part			24b. WERE /	
N: MEDICAL						PERFOI		OF DEA	BLE PRIOF ETION OF
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Check on	y one)			
I SIL	1 TYES 2 THO	1 Inpatient 2 ER/Out	Ipetiant 3 DOA 4		Residence 6 (Other (Specify)			
- 1	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WORK?		DESCRIBE HOW	NJURY OCCU	RED	
	2 Accident Investigation	26a. PLACE OF INJUR	Y - At home, farm, stre	1 123	2 NO 261.	LOCATION (Street	and Number or	Rural Bruta No.	mher
	4 Homicide 6 Could not be determined	building, etc. (Spi	ecify)	,,		City or Town, State))		
	29a. CERTIFIER 1 CERTIFYINO PHY	SICIAN: To the best of my know	wledge, death occurred	at the time, data and	place, and due to the	cause(a) and ma	nner as stated		
5		NER: On the basis of examination							se renna
DE	296. SIGNATURE AND TITLE OF CERTIFI	ER		29	c. LICENSE NUMBER	1	29d. DATE S	IGNED (Manth,	Day, Year)
	30. NAME AND ADDRESS OF PERSON W	NO COMPLETE OF THE	Y		D-337	224	P 11	30/9	2
	R. TREHAN MD	50 W EDM	U ALICTA	N) DO -	#504,	Rock	1911	o.mo.	208
					. 00.,		Jul	2 - 42	
	FEB 1 3 199	JC Juna Davy	dson-Andele						

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

COCCODENT'S NAME (PICE, ANDRO, LAST) JOHN DYA	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIEI		
149 - 48 - 5399 INDITION OF MAINTUM MILL ROAD RESIDENCE OF DECIDENT MACH TOWN ON LOCKION OF DEATH BALTIMORE SECONST OF DEATH BALTIMORE SE	JOHN		OYAN	1	MONTH		EAR
THE ACCUPATION OF DEATH BALTIMORE 18. COUNTY OF DEATH BALTIMO	149-48-5399	1½ M 2 □ F 39	MONTHS		(Month, Day, Year)		Country)
THE PRODUCT OF PRINCE OF P	TUFTON &MANTU	A MILL ROAD				9c. COUNTY	OF DEATN
The process of the pr	On. STATE 10b. COUR	YTY					LIMITS?
MAINTAL STRIVE 12 Was discribed 12 Was discribed 12 Was discribed 13 Was discribed 14 Was discribed 14 Was discribed 15 Was discribed 16 Was di				10f. ZIP CODE	6	10g. CITIZEI	N OF WHAT COUNTRY?
Shemethy/Sheonday (9-13) College (1- or 5-1) College (1- or 5-	1. MARITAL STATUS Never Married 2 X Married	12. WAS DECEDENT EVER IN U.S.	NO	WAS DECENDENT OF NISI If yes, specify Cuban, Mex	PANIC ORIGIN? (Specify Yolcan, Puerto Rican, etc.)	es or No 14	. RACE — American Indian, Black, White, atc.
The MALING ADDRESS (Street and Mumber or Ruse Hollow Number (City or Bown, Steel, 279 Code) 10.5. NATICE 1. QUAN 34.39 WINTED TO PROPOSITION 10. MENTHOOD OF DIGNETORISHMENT OF CONTROLLING AND AND AND AND AND AND AND AND AND AND	(Specify only highest gra Elementary/Secondary (0-12) 7. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working	Friendly C	orp.	
AMAINER OF CRETEFIEND TO MEDICAL AND CASE REFERENCE TO MEDICA			19b. MAILING ADDRES				viel
22. NAME AND ADDRESS OF FACULTY Eline Funeral Home Reisterstown, Md. 21136 33. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, inferent above, or haart failure. List only one cause on each line. MEDIATE CAUSE (Final fiscase or conditions) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ART II/Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): ART II/Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): ART II/Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ART II/Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A	M. METHOD OF DISPOSITION	ian	3439 Wint	erberry Ct.	Reisterst	own. Mo	d. 21136
APPT I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory errest, shock, or haart failure. List only one cause on each line. MMEDIATE CAUSE (Finel shock, or haart failure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): Quantially list conditions, every, landing to immediate assue. Enter UNDERLYING AUSE (Disease or injury att initiated events sesuiting in death) LAST d. ART II/ Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 VES 2 NO DUE TO (OR AS A CONSEQUENCE OF): d. ART II/ Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25a. PLACE OF DEATH (Check only one) 25a. PLACE OF DEATH (Check only one) 1 VES 2 NO TO WHERE AUTOPSY PRINTING PART IN PROVIDED TO COMPLITION OF CAUSE OF DEATH (Check only one) 1 Neutral 5 Pending 25a. CASE REFERRED TO MEDICAL IN PROVIDED TO COMPLITION OF CAUSE OF DEATH (Check only one) 25a. CASE REFERRED TO MEDICAL IN PROVIDED TO COMPLITION OF CAUSE OF DEATH (Check only one) 1 Neutral 5 Pending 25a. CASE REFERRED TO MEDICAL IN PROVIDED TO COMPLITION OF CAUSE OF DEATH (Check only one) 25a. CASE REFERRED TO MEDICAL IN PROVIDED TO COMPLITION OF CAUSE OF DEATH (Check only one) 25a. DATE OF INJURY AT No. NO. NO. NO. NO. NO. NO. NO. NO. NO. NO	I. SIGNATURE OF FUNERAL SERVICE		22.	NAME AND AODRESS OF	FACILITY		
AMALABLE PRIOR TO CAUSE OF DEATH (Check only one) S. WAS CASE REFERRED TO MEDICAL EXAMINER? I NO THER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 28. DLACE OF DEATH (Check only one) 28. DLACE OF DEATH (Check only one) 28. DLACE OF DEATH (Check only one) 28. DLACE OF DEATH (Check only one) 28. DLACE OF DEATH (Check only one) 28. DLACE OF INJURY AT NOTHER: 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF INJURY AT PORT (Check only one) 28. DLACE OF EATH (Check on	disease or condition esuiting in deeth) sequentially list conditions, if any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	DUE TO (OR AS A CONS	BEOUENCE OF):	LNJU	RIES		Sudder
EXAMINER? 1 XYES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)ROADWAY A MANNER OF OEATH 1 Netures 5 Pending Investigation 2 Notice 1 Nursing Home 5 Residence 8 Other (Specify)ROADWAY 28a. DATE OF INJURY OF 1 Nursing Home 5 Residence 8 Other (Specify)ROADWAY 28a. DATE OF INJURY AT WORK? 2 : 10 AM 1 YES 2 K NO Driver in auto/impact W. Accident Investigation 2 Notice 1 Nursing Home 5 Residence 8 Other (Specify)ROADWAY 28a. DATE OF INJURY AT WORK? 2 : 10 AM 1 YES 2 K NO Driver in auto/impact W. Accident Investigation 2 Nursing Home or Rural Route Number or Rural Route Number or Rural Route Number. City or Town, State) 28a. DATE OF INJURY AT WORK? 2 : 10 AM 1 YES 2 K NO Driver in auto/impact W. Accident Investigation Number or Rural Route Number or Rural Route Number. City or Town, State) 28b. DECATION (Street and Number or Rural Route Number. City or Town, State) TUFTON & MANTUA MILL RD 28c. CERTIFYING Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 3 Suchede 8 Could not be detarmined to the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 3 Suchede 8 Could not be detarmined to the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 4 Could not be detarmined to the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 5 Could not be detarmined to the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 5 Could not be detarmined to the cause(a) and manner as stated. 5 Could not be detarmined to the cause(a) and manner as stated. 5 Could not be detarmined to the cause(a) and manner as stated. 5 Could not be detarmined to the cause			/ .	ndariying csuse given	PERFO	RMEO?	COMPLETION OF CAUSE OF DEATH?
AMANNER OF DEATH Manner of Death 28a. Date of Injury 28b. Time of Injury 28b. T	EXAMINER?			A:			
New Accident Survey tigation Survey tigati	MANNER OF OEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. OESCRIBE HOW	INJURY OCCUR	EO
CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 1 DEDICAL EXAMINER On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 1 PENN STREET, BALTIMORE, MARYLAND 2 1 2 0 1 20 2 2 0 1 2 0 1 21 2 1 2 0 1	Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, streel, fac		281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SHIP CEX 111 PENN STREET, BALTIMORE, MARYLAND 21201 DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE	(Check only	SPICIAN: To the best of my knowledge,	death occurred at the tor investigation, in my o	lime, data and place, and d	ue to the cause(a) and ma	nner se stated.	
SAULT CEK 111 PENN STREET, BALTIMORE, MARYLAND 21201 DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE 60	H7X1	male	lo				Ser a leave We have
	5 M/ 1. DATE FILED (Month, Day, Year)	ALEK 11	I PENN	STREET, BA	LTIMORE, M	ARYLA	ND 21201

after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit primoval.	Ical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FEB 03

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT (CERTIFICATE	OF HEALTH AND I		2 03000
1. DECEDENT'S NAME (First, Middle, Lest) Violet Ofield			ckeral	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 1992 04:48A
	SEX 6. AGE (In yrs.	YRS. MONTHS	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-27-1907	6. BIRTHPLACE (State or Foreign Country) Maryland
Physicians Memo	orial Hospi	tal State	LaPlat		Charles
MARYLAND CHARL	.ES	10c. CITY, TOWN OR	DORF		10d, INSIDE CITY LIMITS? 1 YES 2 NO
RT 2, BOX 208, SHA			20601		USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13. WA	S DECENDENT OF HISPAI es, specify Cuban, Mexica YES 2 A NO Specif	IIC ORIGIN? (Specify Yea or N n, Puarto Rican, etc.) /:	14. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12) 7TH GRADE	TION 16a. College (1-4 or 5+)	DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.) POWDER MAKE	ing most of working	US GOVER	
17. FATHER'S NAME (First, Middle, Lest) SIDNEY PICKERAL			EMMA	ME (First, Middle, Melden Surne PICKERAL	
19a. INFORMANT'S NAME (Type/Print) EARL PEI	NN .			Route Number, City or Town, Sta	nte, Zip Code) WALDORF, MD 20601
28g. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove 4 Qonation 5 Other (Specify)	20b. PLA	CE AND DATE OF DISPOS		1	DN — City or Town, Stata EEK, MARYLAND
23. PART I. Enter the diseases, or con	KENSHIP, MOOR	57 P.C		THE HUNTT WALDORF, MA	FUNERAL HOME, INC RYLAND 20604-0156 ry arreat, Approximate interval Betwee
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Restur	Down SEQUENCE OF	Fouli	Can	Onset and Deat
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CON	Jamain	D Cord	mount	Jan Drawn
PART II. Other significent conditions	contributing to deeth but n	ot resulting in the unde	orlying ceuse given in	Part I. 244. WAS AN AUTO PERFORMED 1 2 YES 2 2	AMILABLE PRIOR TO
1 TYES 2 NO 1	10SPITAL: Inpatient 2 - ER/Outpatien		26. PLACE OF DEATH (C/	8 Other (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — A building, atc. (Specify)	INJURY M	BG. INJURY AT WORK? 1 YES 2 NO y, office	284. LOCATION (Street and A City or Town, State)	NY OCCURED
29a, CERTIFIER (Check only	AN: To the best of my knowledge On the basis of axamination and			time, data and place, and du	as stated. In to the cause(a) and manner as stated. In d. DATE SIGNED (Month, Day, Year)

DALIIMONE, MANILAND	1 4- Frours after death. Page 6 may be retained by the hosp	ly filled in by the funeral director, page 5 should be detached after not removal	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, yours after death. Page 6 may be retained by the hosp	TO THE FLACE OF COOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, and the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	INDOCEMENT II IN 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
1	2	ń		

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND N		IYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF	DEATH			TIME OF DEATH
	CLIFFORD	REGINALD	PINK			Jan.		1992		1:15 pin M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. B	IRTHPLA	ACE (State or Foreign
	214-07-7980	XXM 2 [F] 74	YRS.	NTHS DAYS	HOURS MIN.	(Month, De	9 1	917 M		land
4	90. FACILITY NAME (If not institution, give a 315 Talbot		90		r LOCATION OF DE Pridge	ATH		Dorc		
8	RESIDENCE OF DECEDENT	Ave.		Cama	riage					
٣.H	10a. STATE 10b. COUNT			OWN OR LOCAT					10	d. INSIDE CITY LIMITS?
5		Dorchester Cambridge								YES 2 NO
FUNERAL DIRECTO	10e. STREET AND NUMBER	7		101	21613		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
INE	315 Talbot	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORI			IIC ORIGIN? (S	Specify Yea			American Indien,	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe	city Cuban, Mexical 2 NO Specify	n, Puerto Rice			Black, W	hite, etc.
B	3 X Widowed 4 Divorced	**************************************		"	-22,760				V	vhite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S US (Give kind of work	done during mo.		16b. KII	ND OF BUS	INESS/INOUSTI	RΥ	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	supervi			Ca	mb.	Wire	Clo	oth Co.
\$	1 1 17. FATHER'S NAME (First, Middle, Last)		Supervi		16. MOTHER'S NA					
		West Pin	l-			garet		Stich	ıt.	
B	19a. INFORMANT'S NAME (Type/Print)	west Fin		DRESS (Street a		_				
2	Mrs. Susan Bi	shop	14 Al	gonqu	nd Number or Rural I	Cambr	idge	e Md.	21	613
	20s. METHOD OF DISPOSITION	206	D. PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or		20c. LOC	CATION — City	or Town,	, Stata
	MDBuriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	novel from State	old Trin	ity Ch	nurchya	rd	Chu	irch (ree	ek Md.
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME AF	ID ADDRESS OF FA	CILITY		Func	223	l Home
	* Kensuthan	l though		700	Locust					d. 21613
	23. PART I. Enter the diseases, or								The second	Approximate
	IMMEDIATE CAUSE (Final	. List only one cause	ech line.		000	0				Onset and Death
	disease or condition resulting in death)	. (0	remon	a of	the	leu	~			15 Way 10
	roading in dataly	DUE TO (ON AS A	CONSEQUENCE OF):				()			
NO	Sequentially list conditions,	b	CONSEQUENCE OF:				~			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO TON MS A	COMBEQUENCE OF							i l
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in death) LAST	4								
	DATE II On a shallton of any distance	ar anathralanta drath t	TA INI I	Ab a sea da desta	and the second	D-11 0	4s. WAS AN	ALETTO POLY		ERE AUTOPSY FINDINGS
CAL	PART II. Other aignificent condition	ns contributing to death b	out not resulting in	tna underlyin	g cause given in	Part I. 24	PERFOR		All	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDIC						— ¹	YES 2	□ NO	D	F DEATH?
Σ	-	-				—			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	neck only one)				
Sic	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outs		THER:	1	6 Other (5	Snacify)			
H	21 MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME (OF 28c. IN.	IURY AT			NJURY OCCUR	EO	
ВУ Р	1 Natural 6 Pending	(Month, Day, Year)	INJUF	M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be	26s. PLACE OF INJURY	Y — At home, farm, str	et, factory, offic		281. LOCATI	ION (Street a Town, State)	and Number or F	Rural Rou	ite Number,
COMPLETED	4 Homicide determined									
PL	CONC. ONLY CERTIFYING PHY	SICIAN: To the part of my know	viedge, death occurred	at the time, date	and place, and due	e to the cause	(a) and me	nner as stated.		
8	2 MEDICAL EXAMIN	IER: On the basis of scamination	on and/or investigation,	In my opinion,	death occured at the	e ilme, date e	nd place, ar	nd due to the c	ause(a)	and menner as stated.
BE C	295. SIGNAPLINE AND TITLE OF CENTRE	A CAN	INAC	1	29c. LICENSE NU	MBER	Q,	29d. DATE SI	GNED (A	forth, Day, Year)
TO B	Mulled	1 (1)	AWI	1	12/	40	1	1.	31	.7
T	30 NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF O	EATH LITEM 27) (Type, P	rint)	, /	110	371	627		
	Dalel	vans Lalle	EH	2101	1 10	11/	Ul	00/		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	.00.	*					

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for fined within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.
IMPORTANT If item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH		NTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME FIRST MIDDLE LEST Thomas	G. Pattison	7			2.	DATE OF DEATH MONTH OL/ 3//3L	<u>'</u> §	3. T	550 a M		
	4. SOCIAL SECURITY NUMBER 215-01-1235	1 M 2 □ F	(In yrs. lest birthday)		YS HOURS	MIN. 6	DATE OF BIRTH (Month, Pay, Year) /6/1898	N	Maryl	E (State or Foreign and		
8	9a. FACILITY NAME (If not institution, give Dorchester Ge		ital	The same of	mbrid	of the same of the same		9c. COUNTY OF DEATH Dorchester				
DIRECT	Maryland Do	rchester		Cambr				10d. INSIDE CITY LIMITS? XX YES 2 \(\text{\subset} \)				
FUNERAL	100. STREET AND NUMBER 413 Robbins S			Campi	101. ZIP CODI	1613		10g. CITIZEN OF WHAT COUNTRY				
BY FUNE	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2) (NO	If ye	DECENDENT O	F HISPANIC (ORIGIN? (Specify Yea werto Rican, etc.)	offy Yea or No.— 14. RACE — American Indian,				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT a Petrol	work done durings retired.)	g most of working		16b. KIND OF BUS	INESS/INDUS	STRY	18/11		
	17. FATHER'S NAME (First, Middle, Last)		eum 5		HER'S NAME	(First, Middle, Melden						
TO BE	Isaac R. Patt 19a. INFORMANT'S NAME (Type/Print) Doris S. Patt						te Number, City or Town			2		
	20a METHOD OF DISPOSITION 1 Denial 2 Cremation 3 Ra 4 Donation 6 Other (Specify)	moval from State	b. PLACE AND DAT	Y or other place	TION (Name	0.10						
	21. SIGNATURE OF VIHENAL BUNICE CONTROL E. New Market Cem 2/3 E.											
CERTIFICATION	23. PART I. Inter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, interval Between Disease or condition resulting in death) Approximete interval Between Onset and Death Appr											
CAL	PART II. Other algnificent condition	ona contributing to death	In the unde	rlying ceuse	given in Pa	rt I. 24a. WAS AN PERFOR	MED?	AVA COA OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ipatient 3 □ DOA	OTHER:	26. PLACE OF D		Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. Ti	JURY	c. INJURY AT WORK?		ed. DEȘCRIBE HOW II	NJURY OCCU	PRED			
	3 Suicide 6 Could not b		IY — A1 homa, farm ec/fy)	, street, factory	, offica	20	61. LOCATION (Street of City or Town, State)	and Number of	r Rural Route	Number,		
COMPLETED	CONSON CINY	YSICIAN: To the best of my known intermediate of the basis of examination								d manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month 1/31/2											
-	Dr. MacLaughlin 31. DATE FILED (MORTH, Day, Year)	Dorchester 32. REGISTRAR'S SIG	General	Hospit	tal (Cambri	dge, MD	21613	3			
	EED - 1. 100	32. REGISTRAR'S SIG	idron-Rand	200								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF

32. REGISTRAR'S SIGNATURE

31. DATE EBD 003

1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF					MENT	AL HYGIEN REG. NO	E		3889	
1. DECEDENT'S NAME (First, Middle, Last)	Gray	, Par	lier			1			TE OF DEATH D	AY -	YEAR 1992	3. TIME OF DEATH 30	
4. SOCIAL SECURITY NUMBER 4(2-24-0313	5. SEX 1 M 2 XF	AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDE	H 24 HRS. MIN.		TE OF BIRTH onth, Day, Year) /25/192	Δ	Country	PLACE (State or Foreign	
90. FACILITY NAME (If not institution, give s Hartord Metter					rown or Location of D			EATH 9c. CO			INTY OF DE		
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Hari				y, town o						10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
10e. STREET AND NUMBER						10f. ZIP CODE 21078					TIZEN OF W	/HAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Never Merried 4 Divorced	EVER IN U.S. AI YES 2 R OR DATES	RMED NO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14						14. RACE Black	t. RACE — American Indian, Black, Whita, etc. Specify: White			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(C)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSE Wife In home							DUSTRY			
17. FATHER'S NAME (First, Middle, Last) Charles Lee Tho			.1000	- *V-1					it, Middle, Maider				
19a. INFORMANT'S NAME (Type/Print) Nancy Parlier			724 (umber, City or Tox				
110 Buriel 2 Cremation 3 Removal from State of cemetary, crematory or other place) Other (Specify) Darlington Cemetery 2/3/92 Darlington Cemetery										gton,			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE LICENSEE Tarring—Cargo Funeral Home, P.A. Aberdeen, Maryland 21001—3399													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to for as a consequence orp:													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due to (on As a Consequence of): Due to (on As a Consequence of): Due to (on As a Consequence of): Due to (on As a Consequence of): Due to (on As a Consequence of):													
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEDY PERFORMEDY 1 YES 2 WO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:	77-13	DEATH (C/						
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	27. MANNER OF DEATH 1. Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be 28b. DATE OF INJURY 28b.						b. TIME OF INJURY AT WORK? M 28c. INJURY AT WORK? 1 YES 2 NO						
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of a											a) end menner ee atated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	ma	9	-M	D	П	29c. LI	CENSE NU	MBER	3	29d. D/	ATE SIGNED	(Month, Day, Year)	

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21215-0020	
TARYLAND	
ALTIMORE, N	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTA	L HYGIENE REG. NO.		- 1.5				
	1. DECEDENT'S NAME (First, Middle, Last)		2 - 12		2. DATE		YEAR	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	Edmond 5. SEX 6. AGE (In yrs.	last birthday) IF UNDE	1 YEAR IF UNDER 24 HRS.	7. DATE	OF BIRTH	8, BIRTHPL	ACE (State or Foreign				
	218-20-3488	1 × M 2 D F 66	YRS. MONTHS	DAYS HOURS MIN.	(Mon	th, Day, Year)	Country)	Md.				
l	Sa. FACILITY NAME (If not institution, give s	treet and number)	9b. CIT	, TOWN OR LOCATION OF D	EATH	9c. COUP	TY OF DEAT	TH /				
	RESIDENCE OF DECEDENT	toward Mispil	R/	palt ine	re	/3a	1 Tim	a City				
E I	10a. STATE 10b. COUNT	1 7 7 2	10c. CITY, TOWN	OR LOCATION	1			d. INSIDE CITY LIMITS?				
0	10e. STREET AND NUMBER	or cheste		101. ZIP CODE	da	10g. CITI		TES 2 NO				
FUNERAL	719 Cornis	L Drive		2/6/	3	(1, 5,	A.				
E	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico	in, Puarto	N? (Specify Yea or No— Rican, etc.)	14. RACE — Black, V	American Indian, Vhite, atc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Specif	y:	B4 4	Specify:	Black				
ETED.	15. DECEDENT'S EDU (Specify only highest grade	completed)	DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16	b. KIND OF BUSINESS/IND	USTRY					
P.E.	Elementary/Secondary (0-12)											
COMPL	17. FATHER'S NAME (First, Middle, Last)	ME (First,	Middle, Maiden Sumame)									
BE	Milton	Redmon	_	Hei	~ bi	etta V	shil	Tlock				
TO 8	19a. INFORMANT'S NAME (Type/Print)	1.	196. MAILING ADDRES	S (Street and Number or Rural	Route Nun	nber, City or Town, State, Zic	Code)	m /				
3,	City or Toylo	, State										
	1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Vei	ery, cremstory or other	1/7	Harl	166	Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Danelle C. Henry Henry F. H. SIOWashiws Tarst Camb N											
	ganette	Henry		Yenry Jik	,)/	OWASLIN	1005	Hamb/ No				
	23. PART I. Enter the diseeses, or shock, or heart fallure.	complications that caused the List only one cause on each it	deeth. Do not snte ine.	r the mode of dying, suc	ch ss cei	rdiec or respiratory sm	rest,	Approximate Interval Between				
event, me medical	IMMEDIATE CAUSE (Final disease or condition)											
	oue TO (OR AS A CONSEQUENCE OF):											
NO.	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
F	CAUSE (Disesse or injury that initieted events OUE TO (OR AS A CONSEQUENCE OF):											
ER	resulting in death) LAST											
CAL	PART II. Other significant condition	24a. WAS AN AUTOPSY PERFORMED?										
MEDIC		1 - YES 2 - NO	0	OMPLETION OF CAUSE F DEATH?								
ME							1	TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only o	one)	_					
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 N	R: rsing Home 5 - Residence	6 🗆 Oth	er (Specify)						
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE	ESCRIBE HOW INJURY OC	CURED					
BY	2 Accident Investigation	28e. PLACE OF INJURY At	home, farm, street, fa-	1 VES 9 NO	284.10	CATION (Street and Number	or Rural Box	to Number				
TED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify)		,	Ch	y or Town, State)	or rural riou	TVARIADO,				
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge,	death occurred at the	time, data and place, and du	e to the c	ause(a) and manner as sta	ted.					
OM		ER: On the basic of examination and	for Investigation, in my	opinion, death occured at th	e time, de	te and place, and due to t	he cause(a) e	end menner as stated.				
BEC	296. SIGNATURE AND TITLE OF CONTINE		225	29c. LICENSE NO	IMBER	29d. DAT	/ /	fonth, Day, Year)				
0	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF SEATH #		ANY17643	2110	017 12	11/9	2				
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E									
	EED - 7 100) I / Co Paris	In Panda 02									

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on, or remova	medicai	
ation,	the	İ
l, crem.	event,	
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be no	
rgiene p	other	
I	0	
Menta	njury.	
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of Heal	hows	
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after	28	
hours	item	
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filed	2	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND N	MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Lest) Gibbs Edward	Roach							2. DATE OF DEATH	1 992	YEAR	3. TIME OF DEATH 4:45 P.M	
1	4. SOCIAL SECURITY NUMBER 225-03-8261	225-03-8261 VXM 2 F 74 YRS. MONTHS DAYS HOURS MIN. 4Mor								DATE OF BIRTH			
HOL	90. FACILITY NAME (If not institution, give st 513 Charles S						RLOCATIO		ATH		INTY OF DE	ATH	
FUNERAL DIRECTOR	10a, STATE 10b, COUNTY	aryland Charles					ow SVil	le			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
IERAL	10. STREET AND NUMBER 513 Charles S	treet				101.	ZIP CODE			10g. CIT		NAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 IF YES, GIVE W WW II	TEVER IN U.S. ARM XXTES 2 ☐ NO AR OR DATES		,	WAS DECI	cify Cuba	F HISPANI I, Maxican Specify:	IC ORIGIN? (Specify n, Puarto Rican, etc.	Yes or No-	14. RACE Black, Specify Whi	American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) 18b. KIND OF BUSINESS/INDUST life. Do NOT use relired.) LUMber Comp										ompar	ıy	
BE CO	17. Fatner's Name (First, Middle, Last) William Carte	Roach							rude Co				
10	100. INFORMANT'S NAME (Type/Print) Robert M. Road	ch	19b. P	MAILING	. Bo	(Street and	227,	or Aural A Mai	oute Number, City or ncheste	Town, State, Zi	21. 21	102	
	20e. METNOD OF DISPOSITION 1. Deurlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Competency, crematory, cre											n, Stata Md.	
	Benjamin Ma	atthews	M006	58		untt		nera	al Home	dorf	МД	20604	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Hepatic Encept Later United Cironary of Livel. OUE TO (OR AS A CONSEQUENCE OF): Extensive Consequence of: Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions		deeth but not ree	oulting l	n the unc	derlying	cause g	ven in P	PER	AN AUTOPSY FORMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
SICIA		HOSPITAL:	ER/Outpatient 3		OTHER	:	10		ck anly one)	-			
ВУ РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da	NJURY (; Year)	28b. TIME INJU	OF IRY M	28c. INJUI WOR 1 YE	RY AT		Other (Specify) 28d. DESCRIBE NO	W INJURY OC	CURED		
	3 Suicide 6 Could not be detarmined	28a. PLACE OF building, a	INJURY — At home tc. (Specify)	, tarm, st	reet, facto	ry, offica			28t. LOCATION (Stre City or Town, St	et and Number ite)	or Rural Roo	ute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	AN: To the beat of n	ny knowledge, death nmination and/or inv	estigation	at the tin	ne, data a Inion, des	nd place, ith occure	and due to	o the cause(a) and o me, data and place,	nanner as stat	led. se cause(s) s	nd manner as stated.	
BE	296. SIGNATURE AND TITL OF CENTIFIER	(2ha	ND			0	D LICEN	150	32	1	/3110	fonth, Day, Year)	
	Dr. Vinod K. Shaw, Shanti Medical Center, P. O. Box 664, Leonardtown, MD 20650												
	31. DATE FILED (Month, Day, Ybar) FEB 03 92	32. REGISTRAR	Esidon-Par	dette									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 -cours after death. Page 6 may be retained by the hospital or attending physic	ours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 5 should be detached for use as the burial preserved in the funeral director, page 5 should be detached for use as the burial preserved.	illed in by the funeral director, page 5 should be detached for use as the burial
De filed writin /2 hours after death with the State Lept. Of health and mental hygieric prior to outsit, communor, or removal.	I, UI CHILDVAL.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notined at once.	medical examiner must be notined at once.

burial-transit permit.

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART					L NO.		0 3 2		
1. DECEDENT'S NAME (First, Middle, Last	Mary Beatrice	e Simms				2. DATE OF DEA MONTH Feb.	3,	1992	3. TIME OF DEATH 7:00 A. M		
4. SOCIAL SECURITY NUMBER 220-09-7847	5. SEX 8. AGE (III	yrs. lasi birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. MIN.	7. DATE OF BIRT (Month, Day M Mar. 12,	тн 1898	8. BIR	THPLACE (State or Foreign intry) ryland		
9a. FACILITY NAME (If not institution, give 6932 Runkles Ro			эь. стту, том Мt	· Airy	90	6c. COUNTY OF DEATH Carroll					
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN			, TOWN OR LO								
Maryland	Carroll	10c. CITY		Airy					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 6932 Runkles Ro	ad			101. ZIP CODE	10	10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	II yes,		, Mexican	C ORIGIN? (Spec , Puerto Rican, a		Bi	ACE — American Indian, ack, White, atc.		
15. DECEDENT'S ED (Specify only highest gra- Elamentary/Secondary (0-12) 7 VYS	conpleted) College (1-4 or 5+) None	16a. DECEDENT'S (Give kind of w life. Do NOT us HOUSE	rork done during e retired.)	ATION most of working	g	16b. KIND (OF BUSINE	SS/INDUSTRY	,		
17. FATHER'S NAME (First, Middle, Last) Charles Myers	J.		- :	Ma	rtha	ME (First, Middle, A Smith					
194. INFORMANT'S NAME (Type/Print) James A. Simms						oute Number, City - Airy,					
20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 Re		PLACE OF DISPOS	ITION (Name of	cemetery, crem		2	Oc. LOCAT	ION — City or	Town, Slate		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL 15 MYICE	FION	22. NAME AND ADDRESS OF FACILITY						Maryland			
23. PART I. Enter the diseases, o	Sime,	<i>f</i> .	Wi	nfield	, Ma	ral Hom ryland	21	784			
immediate cause (Final disease or condition resulting in death) Sequentielly list conditions.	a		Testino	il conce	in	Musle	or		Interval Between Onset and Death		
If siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF									
PART II. Other algorificant condition	ons contributing to daeth be				given in i	Р	VAS AN AUTERFORME YES 2 2	D?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	1		24	, PLACE OF D	EATH (Ch	ock anth anal					
EXAMINER?	HOSPITAL:	2011 a p 100	OTHER:								
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c.	INJURY AT WORK?		6 Other (Special Speci	.,,	JRY OCCURED)		
2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide detarmined	26s. PLACE OF INJURY building, etc. (Spec	— Al home, larm, a	I TYES 2 NO Iarm, street, factory, offica 28f. LOCATION (Single Form)					Street and Number or Rural Route Number, State)			
one) 2 MEDICAL EXAM	YSICIAN: To the beat of my knowl								se(a) and manner as stated.		
29b. SIGNATURE AND THIS OF CONTIN	IN	- 1	40	29c. LICE	ENSE NUN	IBERDO (199 2	Pd. OATE SIGN	NEO (Month, Day, Year)		
Ronald E.M.	iller, MD.	P.O.B	Prim) 0× 21	0, m	t. A	iry V	Nar	ylanc	1771		
FEB 4 92	32 REGISTRAR'S SIGN. Filia Davidson	- Handall	^			//	,				

stell I'm

	1 - STATE OF	F MARYLAND /	DEPAR	RTMENT	OF HI	EALTH AND N						
ı	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OE	ATH		3. TIME OF DEATH		
1	Helen Schwartz						2	2		9:55 am		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн				
	216-03-8032 1 M 2 52	Chwartz NUMBER S. SEX -8032 I M 2 F 92 I not institution, give eirset and number) EN Retirement Home DECEDENT 10b. COUNTY Carroll MBER Ird Avenue 12. WAS DECEDENT EVER IN U.S. A FORCES? I YES 2 FIFYES, GIVE WAR OR DATES S. DECEDENT'S EDUCATION 168. DECEDENT'S EDUCATION 179 only highest grade completed) S. DECEDENT'S EDUCATION 2015 A STATE OTHER (Type/Print) S. Schwartz MME (Type/Print) EN CONTROL SPECIAL LIST ONly one cause on each line of the fiseeses, or complications that caused the dotter is conditions, immediate ERLYING or injury to injury (Month, Day, Year) ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT in injurity (Month, Day, Year) ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT in injurity (Month, Day, Year) ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT injurity (Month, Day, Year) S. DAY, Year) 22. MAE (Type/Print) 23. REGISTRAR'S SIGNATURE ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT injury) D. Day, Year) 32. REGISTRAR'S SIGNATURE ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT injury) D. Day, Year) 32. REGISTRAR'S SIGNATURE	1 YAS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, 1	(bar)	Count	ny)		
	210 03 0032 A		3-1									
~			96. CITY, TOWN OR LOCATION OF DE									
0		t Home		Syke	esv	ille		C	arro.	011		
ਹ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c CIT	Y, TOWN OF	LOCATI	ON				10d. INSIDE CITY		
=										LIMITS?		
	MD Carroll 10e. STREET AND NUMBER		5	ykes						1 YES 2 X NO		
FUNERAL DIRECTOR	CONTROL CONTRO					ZIP CODE			S. BIRTTHPLACE (State of Country) Marylar C. COUNTY OF DEATH Carroll 10d. INSIDE LIMITS? 1	WHAT COUNTRY?		
9	7200 Third Avenue					21784						
5	FORGES	DENT EVER IN U.S. AI	RMED						- 14. RACI	E — American Indian,		
ВУ	1 Never Married 2 Married IF YES, GI	E WAR OR DATES				2 NO Specify		,				
										WIII OC		
百	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. Di	ECEDENT'S	work done du se retired.)	CUPATION	N It of working	18b. KIND	OF BUSINESS/	INDUSTRY			
9 1	Elementary/Secondary (0-12) College (1-4 c	K 5 +1					Mana		D-	mle C Mence		
를	H. S ==		Clei	cical	-		Merc	cantil	.е ва	IIIK & IIUS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
BE (John F. Schwartz					Emma	L. Lar	ARE ON ONTH DAY 2 2 92 ATE OF DEATH DAY 2 92 ATE OF BIRTH Month, Day, Year, 10 - 03 - 97 ARE OF BIRTH Month, Day, Year, 10 - 03 - 97 P.C. COUNTY OF DEATH CARROLL INMITS 1 - YES ARE OF BIRTH MONTH, Day, Year, 11 - YES ARE OF BIRTH MONTH, Day, Year, 12 - 10 - 03 - 97 P.C. COUNTY OF DEATH CARROLL INMITS 1 - YES ARE OF BIRTH MONTH, Day, Year, 12 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
	19a. INFORMANT'S NAME (Type/Print)	19										
2	Fairhaven		7200) Thi	rd	Avenue	Sykes	sville	≥, MI	21784		
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPO	SITION (Nerr	ne of cem	etery, cremetory or	1	20c. LOCATION	— Cify or T	own, State		
		Carr	(0)	Crei	mat	ion Ser	vice	Hamps	stead	. Md.		
	4 Donetton 5 Other (Specify) Carroll Cremation Service Hampstead, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Harry W. Hall	the contract of		P		Box 195	Sykes	$svill\epsilon$	≥, Mc	1. 21784		
CERTIFICATION	ahock, or frient fellure. List only ofe cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Dehydvation a. Dehydvation Due to (or as a conscouence of): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST Due to (or as a conscouence of): Due to (or as a conscouence of): Due to (or as a conscouence of): Due to (or as a conscouence of): Due to (or as a conscouence of):											
CAL		^				cause given in	Part I. 24s. 1		SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2	Chronic Obstructure po	Muney	de	secus	8		_ 10	YES 2 NO		COMPLETION OF CAUSE		
PHYSICIAN: MEDI	Consessive Heart Fo	Lune.	Ce	repre) VC	scular				1 TES 2 NO		
ä	diseases mitral	Insuffe	م م									
¥	25. WAS CASE REFERRED TO MEDICAL			7	28. PL	ACE OF DEATH (Ch	eck only one)					
Sic			3 DOA	OTHER 4. Nurs		8 🗆 Rasidenca	8 C Other (Spec	thy)				
H			28b. TII	ME OF	28c, INJU	JRY AT			OCCURED			
	1 Natural 5 Pending	ith, Day, Year)	IN	JURY M	1 Y							
ВУ	28e PLA	CE OF INJURY — At h	ome, farm.	street, facto	ery, office		28f LOCATION	(Street and Num	nher or Rumi	Brute Number		
입	B Conid not be Pulk	iling, etc. (Specify)			,,							
COMPLETED	On CERTIFIED & C											
립		et of my knowledge, d	leath occur	red at the th	me, data	and place, and due	to the cause(e)	end manner as	atated.			
S	one) 2 MEDICAL EXAMINER: On the basis	of examination end/or	r investigati	ton, in my op	pinion, de	seth occured et the	time, data end p	laca, and dua t	o the cause	(a) and manner as stated.		
EC	296. SIGNATURE AND TITLE OF CENTIFIER					29c. LICENSE NUM	MBER	29d. I	DATE SIGNE	D (Month, Day, Year)		
0	(ALL) Ta M	0						•	2/2	192		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (IT	EM 27) (Typ	e, Print)						, ,		
		7200	30		٤	Sykes	ville	MD	21	784		
	31. DATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNATURE	**			-		-				
	FEB 3'92 Julia Da	uidson-Aland	132									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 may be retained by the host TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-
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	1 - STATE REGISTRAR	SIAIE UF MAI	RYLAND / I CE	DEPAK RTIFI	CATE	OF DEA	I AND M	IENTAL HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	XXXXXXX						2. DATE OF DEATH	AY CA	YEAR	3. TIME OF DEATH		
			MGE (In yrs. last i		IF UNDER 1 Y		VERS	7. DATE OF BIRTH	7	- DIDTHO	LACE (State or Foreign		
1	217-28-3115	1 M 2 F	59	YRS.		AYS HOURS	MIN.	(Month, Day, Year)	7	Country)	-land		
	9e. FACILITY NAME (If not institution, give stre	et end number)			96. CITY, TO	WN OR LOCAT	ION OF OFA		-	TY OF DE			
5	Univ. of Mary	and			-	tenier		n	A-	time			
5	RESIDENCE OF DECEDENT						~ 101			N. ROCK	a wy		
DIRECTOR		chester		TOWN OR I		10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER	chester			lamb	101, ZIP COE	MIC	>	1 Q VES 2 🔀 NO				
RAL	5416 mallan	1 /					613				IAT COUNTRY?		
FUNER		12. WAS DECEDENT EV	ED IN II C ADM	ED	40 40		-	CORIGIN? (Specify Yee or No.— 14. RACE — American Indian,					
	1 Never Merried 2 Merried	FORCES? XX	YES 2 NO		If ye	e, specify Cub	en, Mexicen,	C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.		
B	3 Wildowed 4 Divorced	1949 - 1			''	YES 2 -NO	Specify:			Specify	White.		
	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	16a. DECI	EOENT'S L	SUAL OCCU	PATION og most of worki	(n.e.	16b. KIND OF BUS	SINESS/INOL	JSTRY			
Ē	Elementery/Secondary (0-12)	College (1-4 or 5+)	lite. D	Do NOT use	retired.)								
ONCE.	11		mar	ket	ing i	nanage	er	manufa	ctur	ing			
E 8	17. FATNER'S NAME (First, Middle, Last)					18. MOT	NER'S NAM	E (First, Middle, Malden	Surname)				
B	Lester 19a. INFORMANT'S NAME (Type/Print)	Goslin	1				Naor		vers				
TO BE COM	Mrs. June Trave	re						oute Number, City or Town			4.54.3		
9	20e, METNOD OF DISPOSITION				_		Lane	Cambrid					
must	1XX uriel 2 Cremetion 3 Remov	al from State	20b. PLACE AN	atory or oth	er place)				CATION — C				
Je J	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Md. V	ere	22. NAI	Cem.	SS OF FACI	12/3 Hu	rloc	k Ma	ryland		
examiner must	> Kenuth R	2000	0					Thomas					
<u></u>			_///		700) Loci	ist S	St. Camb:	ridge	e Md	.21613		
any injury, or other traumatic event, the medical	23. PART I. Enter the diseases, or co- shock, or heart fellure. Lie	st only one ceuse of	n esch line.	in. Do no	t enter the	mode of dy	ing, auch	ss cerdiec or respi	retory srre	et,	Approximate Interval Between		
2	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. NEATRICMOR TO CITY CONDITION												
E E	reaulting in death)	DUE TO (OR	AS A CONSEQU	ENCE OF		VICIO	YW	مرورا			2 mg		
2 2	DUE TO (OR AS A CONSEQUENCE OF): Metestatic Adamocarcinonic												
CATION	Sequentially list conditions, If any, leading to immediate b. Mctustatu Adeusoconcuronya DUE TO (OR AS A CONSEQUENCE OF):												
2 3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Sta	gs h y lo	cacc	us	aure	us	sensis			!		
	thet initiated events			1									
CERTIFI	d.	A bow	runos	an	eur	John							
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
any ink	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?												
1 0	averyon & Starl	GANACLE	Cen	AL a	12/5		110	YES 2	NO	0	F DEATH?		
2 2	HTW. MI(74.76) 30	lessel CRBO	150	1+1	1	1	NA		12/2.	1	YES 2 NO		
or Item 23 shows YSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		0 0 1		3	6. PLACE OF D	EATN (Checi	k only one)	134	, Vra	ch ylic		
SIC		HOSPITAL:	Outpatient 3 🗆		OTHER:			Other (Specify)					
	27. MANNER OF DEATN	28e. DATE OF INJU (Month, Day, Ye.		28b. TIME	OF 280	INJURY AT		28d. DESCRIBE NOW IN	JURY OCCU	JRED			
marked, BY PH	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,		Mago		WORK?	□ NO						
Z8 IS	3 Suicide 8 Could not be	28e. PLACE OF INJ building, atc. (URY — At home Specify)	, term, str	eet, factory,	office	2	28t. LOCATION (Street e. City or Town, State)	nd Number o	or Rural Rou	ite Number,		
m Z	4 Nomicide determined							ony or lown, dialey					
	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL	AN: To the best of my k	nowledge, death	occurred	at the time,	date end place	, end due to	the cause(s) end men	ner ee atate	d.			
COMPL	one) 2 MEDICAL EXAMINER:	On the beele of examin	ation end/or inv	estigation,	In my opini	on, death occur	red at the tir	ne, date end piece, end	due to the	ceuse(e) e	nd manner es atated.		
E C	296. SIGNATURE AND TITLE OF CERTIFIER	1/		4		29c. LICI	ENSE NUMB	ER	29d. DATE	SIGNED (M	fonth, Day, Year)		
TO B		VON	RMD	#27					D 1/	29/	17		
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 2	27) (Type, F	rint)		Tips						
	MARIE 140	かり	5. 6	1306	W?	57.	81	017. 2	1201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE										
	FEB - 4'97	1. Va Da	idson-Ra	nded	•								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF CEATH YEAR BOO-Nyeo

4. SOCIAL SECURITY NUMBER Yun 992 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
12-11-1934 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 XF 218 15 0106 57 YRS Korea 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shock Trauma Center Baltimore DIRECT 10a. STATE 10h, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Harford Edgewood 1 YES 2 X NO permit FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 536 Crown Wood Court 21040 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 VES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried BY Specify 3 🛛 Widowed 4 🗌 Divorced Korean ETED 15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Cook Fast Food Restaurant once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Young Sik Lee Myung Suk Kim BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. Jong-Ho Yun 536 Crown Wood Ct., Edgewood, MD 21040 pe 20e. METHOD OF DISPOSITION
1 M Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must netery, cremetory or other plece)
Angel Hill Cemetery 4 Donation 6 Other (Specify) 2/4 MD Havre de Grace. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 8 Mitchell-Smith Funeral Home, P.A. filled in by the fion, or removal. Havre de Grace. MD 21078-3197 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or haart failure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final Onaat and Death the disease or condition_ CTOR: After this certificate has been signed by the attending physician and completely after death with the State Dept. of Health and Mental Hygiene prior to burfal, crematic 28 is marked, or item 23 shows any Injury, or other traumatic event, the resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONS CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury C. DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 EYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 8 | Residence 6 | Other (Specify) 1 X YES 2 NO 1 No inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 01 31 1992 DIRECTOR; After the hours after death v 1 YES 2 NO BY 6:25A 2 Accident Investigation Operator in auto/auto impact 3 Suicide 28e. PLACE OF INJURY — Al home, larm, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT TO THE FINE WITHIN 72 hours at IMPORTANT: If Item 21 street Rte 24 (edgewood) 29e CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 XMEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0.2 0 M . 01 1992 30. NAME AND ADDRESS OF REASON WHO COM PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 111 Penn Street. Baltimore

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

Σ	Page	4
BALTIM	THE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page	III TOOL DIDENTIO After this cardifords has been stoned by the attendion absolutes and commission. Site is at a few or a
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	recut	o poor
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	REGISTRAR 1. DECEOENT'S NAME (First, Middle,	Last) Elinor N	Marie Smit	h Alleman	2. DATE OF D	EG. NO. EATH 2/12/C	2. 3. TIME OF DEATH	
	MARTE SM	ITH AllFI	Wadaka Ma	rie S. Alle			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24	HRS. 7. DATE OF BI	RTH a	BIRTHPLACE (State or Fore	
	230-14-0965	1 🗆 M 2 🏋 F	82 YRS.	MONTHS DAYS HOURS &	(Month, Day, 03/0-	Year)	Country) LSSISSIPPI	
	9a. FACILITY NAME (If not institution,	give street end number)		96. CITY, TOWN OR LOCATION		,	Y OF DEATH	
DIRECTOR	Holy Cross	Hospital		Silver S	pring	Mor	ntgomery	
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. NEEDLE							
E I	Maryland	Montgomor			ileron Cr	n 10 i 10 m	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Montgomer	·y	101, ZIP CODE	ilver S		1 YES 2 X N	
ER.	1110 Fidler Lane, Apt. 717			2	log. Gille	USA		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DECENDENT OF H	IISPANIC ORIGIN? (Spi	17 (Specify Yea or No.— 14. RACE — American Indian		
ВУ	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WA	R OR DATES .	If yea, specify Cuben, N	lexican, Puarto Rican, Specify	atc.)	Black, White, atc. Specify:	
ED							Whit	
ETE	(Specify only highest	grade completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most of working	16b. KIND	OF BUSINESS/INOUS	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)		strative Ass	istant	Ingurar	nce Compan	
COMPL	17. FATHER'S NAME (First, Middle, Las	st)	1- omining		'S NAME (First, Middle,		ice compan	
ш	Jackson	Monroe	Smith		Madrid	Henders	son	
0	19a. INFORMANT'S NAME (Type/Print)			ADORESS (Street and Number or I				
F	Herbert J.	Alleman	9402	Crosby Road		r Spring		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3	Removal from State	20b. PLACE AND DATE O	OF DISPOSITION / Name of	DATE	20c. LOCATION — Cit		
	4 Donation 6 Other (Specify)		Metro Cr		c. $2/13$	Balti	imore, MD	
	21. SIGNATURE OF PUNERAL SERVICE	CE LICENSEE	Hall	Cremation	SOCIATI	of Ma	Tnc	
	George	E. MacNabb)	299 Frede	rick Ros	ad Ralt	to.,MD 212	
	23. PART I. Enter the diseases,	, or complications that o	aused the death. Do n	ot enter the mode of duling	such as cardiac o	r respiratory error	t, Approximate	
	IMMEDIATE CAUSE (Final COATIC							
	resulting in desth)	. 58	TITLE	3 40 0				
		a	R AS A CONSEQUENCE OF	5 HO CZ)			
NO	resulting in desth) Sequentially list conditions,)	1		
ATION	resulting in desth)		R AS A CONSEQUENCE OF)			
IFICATION	resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (O):)	1		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (O	R AS A CONSEQUENCE OF):)			
- CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE OF	j: ;				
ပ၂	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O c. DUE TO (O d. Sitions contributing to de	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF Bath but not resulting in	j: ;	n in Part i. 24a. v	MAS AN AUTOPSY PERFORMEO?	7 DAY	
CALC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O c. DUE TO (O d. Sitions contributing to de	R AS A CONSEQUENCE OF	n the underlying cause give	n in Part I. 24a. Y		7 DAY	
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MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O c. DUE TO (O d. Sitions contributing to de	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF Bath but not resulting in	n the underlying cause give	n in Part i. 24a. \	PERFORMEO?	24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION OF CAUL DF DEATH?	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond	DUE TO (O c. DUE TO (O d. Millions contributing to de HOSPITAL:	R AS A CONSEQUENCE OF	28. PLACE OF DEATH	n In Part I. 24a. Y	PERFORMEO? YES 2 X NO	24b. WERE AUTOPSY FINDI ANALABLE PRIOR TO COMPLETION OF CAUL DF DEATH?	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond	DUE TO (O c. DUE TO (O d. HITIONS contributing to de CO AL HOSPITAL: 1 X inpetient 2 = E	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF eath but not resulting in	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside	n in Part i. 24a. \(\) f 1 \(\) 1 (Check only one) nca 8 \(\) Other (Speci	YES 2 X NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending	DUE TO (O c. DUE TO (O d. Sittlone contributing to de AL HOSPITAL: 1 % inpellant 2 = E 288. OATE OF IN (Month, Day.	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF eath but not resulting in R/Outpetlent 3 □ DOA JURY 28b. Time	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside OF 28c. INJURY AT WORK?	n in Part i. 24a. If 1	PERFORMEO? YES 2 X NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 5 Pending investigat	DUE TO (O c. DUE TO (O d	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF Beath but not resulting in BR/Outpatient 3 DOA JURY 28b. TIME NJURY At home, farm, si	28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Reside OF WORK? 1 YES 2 NO	1 (Check only one) nca 8 Other (Spec	PERFORMEO? YES 2 X NO III/) HOW INJURY OCCUR	24b. WERE AUTOPSY FINDI AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO	
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMEN	T OF H	EALTH DE AT	AND I	MENTAL HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH MONTH DAY		3. TIME OF DEATN		
	ET.MER						02 1	1	1992 12:32AM		
	4. SOCIAL SECURITY NUMBER 471-10-0860	5. SEX 8. AGE	(In yrs. last birthday) 90 yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, giv) Ths.	9h. CITY	TOWN	OR LOCATIO	ON OF OF	July 14,		Indiana	
e E						lney					
یظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR		100 017	V 701101	-						
DIRECTOR	Maryland Frederick			10c. CITY, TOWN OR LOCATION Frederick						10d. INSIDE CITY LIMITS?	
	10s. STREET AND NUMBER				101. ZIP CODE			10g. CIT		1XXYES 2 NO	
BY FUNERAL	104 Mercer Court,				21701				USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	IN U.S. ARMED	2/2-2NO II yes, specify Cuban, Maxican			IIC ORIGIN? (Specify Yas or No		14. RACE — American Indian, Black, White, atc.			
	3 XXVIdowed 4 Divorced IF YES, GIVE WAR OR OATES							y:		Specify: White	
COMPLETED	15. DECEOENT'S Ed (Specify only highest gra	OUCATION ade completed)	18a. DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BUSINESS/IN		DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)	auring mo	St of workin	g				
MP	8	0	U.	lerk		Mining Company			ompany		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street a			loute Number, City or Tow		Codel	
10	Margaret A. Sha	aw	Same						vii, otato, zip		
	20a METNOD OF DISPOSITION 1 Duriel 2 Cremation 3 Re	amoval from State	b. PLACE AND DATE	OF DISPOS	ITION /Na	me of		OATE 20c. LC	CATION — C	City or Town, State	
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE		Laytons	4 1				2/13 La	ytons	ville, Maryland	
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE		22.		O ADDRES		arber Fune	7 11		
	Noyw, &	Daves			P	n Ra	50	138 T.0354		77. 3/7 00000	
	Approximate interval diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arreat, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition and the cause of the death. Do not enter the mode of dying, such as cardisc or reapiratory arreat, approximate interval Between Onset and Death of the cause of th										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. CALLON DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in					PERFOR	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 YES				
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF OE	ATN (Chec	ck anly one)			
YSIC	1 TES 2 HO	HOSPITAL:	patient 3 DOA	OTHER	t:			Other (Specify)			
PH	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		28c, INJU	JRY AT		28d. DEŞCRIBE HOW I	NJURY OCCU	JREO	
BY	2 Accident Investigation M				M 1 YES 2 NO						
ETED	3 Suicide 8 Could not be 4 Nomicide determined	building, atc. (Spe	NJURY — At homa, larm, street, factory, office . (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETED	29a. CERTIFIER (Check only are) 1 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE C	296. BIGHATHINE AND TITUE OF CERTIFY	and the same of th				29c, LICE				SIGNED (Month, Day, Year)	
5	muhay k	Muleun M	W.						> 2	-11-92	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (REM 27) (Typo, Print) O/ncy us 20832											
	FEB 13 1992	32. REGISTRAR'S SIGN	-Randale			J					

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AL DIRECTOR	10a. STATE 10b. COUNT					ex 21	1221		imore Count
4	Maryland Balt	m imore	10c. Ci7	Essex	TOT TO CODE			10a CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2
BY FUNERAL	12.12 Bac 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 N YE IF YES, GIVE WAR OR	S 2 NO	Road 13. WAS I	U.	S.A. RACE — American India Black, White, atc. Specify: White			
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		ille. Do NOT L	work done during ise retired.)		9	16b. KIND OF BU		ВТПУ
COMPL	17. FATHER'S NAME (First, Middle, Last)		Secui	rity	16. MOTH	IER'S NAMI	Unive		
111	Elmer H	. Buxenstein			Ве	rtha	H. Hamme	r	
TO BE	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Stre			ute Number, City or Tox		ode)
	Elmer H. Buxenste:	in Jr	521 1	V. High	land A	ve Ba	altimore	Marvla	nd 21205
	20a. METHOD OF DISPOSITION		20b. PLACE ANO OAT	E OF DISPOSIT	ION (Name				ly or Town, State
	1 N Buriel 2 Cremation 3 Rer	moval from State	grandens o	y or other place) f Faith	Ceme	terv	2/14 Bal	timore	County, Mo
	21. SIGNATURE OF FUNERAL SERVICE L		Jar acino o				Z/IT Dal	CAMOLE	Country In
1		JUENBEE .		22. NAMI	E AND ADDRES	S OF FACI	LITY		
5 I	· Manny	See de	unke				neral Hom	e P.A.	
	23. PART I. Enter the diseases, or	Surgle	ed the death. Do	Bruz 1407	dzinsk Easte	i Fur rn Av	neral Hom ve Bsltim	ore Ma	ryland 2122
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Surgle	esch line.	Bruz 1407 not enter the	dzinsk Easte mode of dyl	i Fur rn Ay	neral Hom ve Bsltim	ore Ma	Approximation interval Be
ERTIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a	esch line.	Bruz 1407 not enter the Copy:	dzinsk Easte mode of dyl	i Fur rn Ay	neral Homove Bsltim	ore Ma	Approximation interval Be
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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physician,	bunal-transit nermit			
noshira or attending	tached for use as the		S.C.	
may be retained by the	r, page 5 should be de		miner must be notified at once	
שני של היים ביים ביים היים היים היים היים היים	sician and completely filled in by the funeral director, page 5 should be detached for use as the hund-transit narmit pages 1	removal.	dical examiner mu	
שממשת אוווווו לא וויחוו	and completely filled in	burial, cremation, or	ed, or item 23 shows any injury, or other traumatic event, the medical examir	
-	ne attending physician	giene p	ury, or other traum	
200 200 200 200 200 200 200 200 200 200	has been signed by the attending physici	th the State Dept. of Health and Mental Hy	1 23 shows any Inj	
	this certificate	×	s marke	
	LINERAL DIRECTOR	within 72 hours after death	IPORTANT: If item 28	
	THE DE	L	MPO	

	FOR	TATE OF MARYLAND /	DEPARTMENT O	E NEATH AND M	CNTAL UVOLEN		03899
	REGISTRAR	CI	ERTIFICATE (OF DEATH	ENIAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last) AUBELO	5.	- BANK	' S	2. DATE OF DEATH MONTH	AY 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In yrs. les	MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, 1	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street a	/ T/	UTAN 9b. CITY, TO	MN OR LOCATION OF DEAT	3-28-	9c. COUNTY	V.A.
TOR	RESIDENCE OF DECEDENT	e Harre		Alro.		Sc. COUNTY	OF DEATH
DIRECTOR	MD. 10b. COUNTY		10c. CITY, TOWN OR L				10d. INSIDE CITY LIMITS? 1 YES 2 NO
3AL	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12.1			21234			54
ВҰ	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ F YES, GIVE WAR OR DATES	NO If you	DECENDENT OF HISPANIC is, specify Cuban, Maxican, 7ES 2 No Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specific BLACK.
TED	ts. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the complete the complete that the compl	leted) (G	CEDENT'S USUAL OCCUI	PATION a most of working	16b. KIND OF BU		
COMPLET	(13)	lege (1-4 or 5+)	Do NOT use retired.)				
BE CO	17. FATHER'S NAME (First, Middle, Last)	44		18. MOTHER'S NAME	(First, Middle, Maiden		S CLAY
10	190. INFORMANT'S NAME (Type/Print) PAULETTE GOOD	191		eet and Number or Rural Rou			(6)
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremetton 3 Removal fr 4 Donation 5 Other (Specify)	rom State 20b. PLACE / cemetery, cee	AND DATE OF DISPOSITION	(Name of	DATE 20c. LO	CATION — City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E /		E AND ADDRESS OF FACIL		alt.	mp
	Betts Fund	not Home	1/2	9 N. CARO	LINE S	4	21213
	23. PART I. Enter the disesses, or compishock, or heart failure. List of iMMEDIATE CAUSE (Final disease or condition resulting in desth)	lications that caused the day					Interval Batween Onset and Death
CERTIFICATION	Sequantially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)	DUENCE OF):				
- 11	PART II. Other algnificent conditions con	tributing to dasth but not re	eaulting in the underl	ying cause given in Pa	rt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL					_ 1 □ YES 2	NO	COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL		36	PLACE OF DEATH (Check	anti anni		
SIC		SPITAL: Inpatiant 2 ER/Outpatient 3	OTHER:	fome 5 Residence 6	. 1	tosnis	
표	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)			d. DESCRIBE HOW I		
à l	1 Natural 5 Pending 2 Accident Investigation		M 1	YES 2 NO			
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	me, ferm, streat, factory, o	ffica 26	51. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 1	To the best of my knowledge, death	ath occurred at the time, o	late and place, and due to	the cause(a) and man	oner as stated.	mode) and manager and de-
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBE			
TO BE	Sweein Benedi			D0 858		DATE SIG	NED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COM			ruon Plaer		lan a	
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATURE		TRON I GUEZ	. Hall	mo, -	1(20)
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32. REGISTRAR'S SIGNATURE

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10 THE NUMBER OF STRINGING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE NUMBER OF STRINGING After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed when the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified all once.

STATE	0F	MARYL	AND	/ DEPARTMENT	0F	HEALTH AND	MENTAL	HYGIENE
			C	ERTIFICATE	0	F DEATH		REG. NO.

MONTH DAY YEAR (EAR IF UNDER 24 HRS. ANYS HOURS MIN. DY - DS - 3 D SIRTINPLACE (State or Foreign Country) DWN OR LOCATION OF DEATH DOCATION LOCATION 10d. INSIDE CITY LIMITE? 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? S DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian.	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number) PRESIDENCE OF DECEDENT 10e. STATE 10e. ST		1. DECEDENT'S NAME (First, Middle, Leat)					HEG. NO.		
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A frours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should in or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second of the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate in the property of the attending physician and completely filled in by the funeral director, page 5 should be detach by find within 72 hours after death with the State in	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ICIAN: The time of the death	certificate has been some by the atter-	, or item 23 shows any injury, o
TO THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After this of flad within 72 hours after death with	PORTANT: If item 28 is marked
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FEB 1 3 1992

RECORD S. DETTIFICATE OF DEATH RECORD S. DETTIFICATE OF DEATH		FOR 1 STATE	STATE OF I	MARYLAND /	DEPAI	RTMENT	r OF H	HEALTH	AND	MENTAL HYGIEN		. 03301
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M 1 YES 2 NO	₹ I						26. PI	LACE OF C	EATH (C)	eck only one)		
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M Z Accident			(Month, E	Pay, Year)	IN.	JURY M	WC	PRK?	□ NO	300000000000000000000000000000000000000		
4 Homicide determined building, etc. (Specify) 29a. CERTIFIER (Check only a context of the beast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.		2 Devlated	26a. PLACE C	OF INJURY — At ho	me, term.	street, laci				281 LOCATION (Street	and Number	or Burel Boute Number
29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.		o Could not be	building,	etc. (Specify)		,	,, 5,,,,,					o. Herei Fronto Huffiber,
(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	9	29a, CERTIFIER				1155 1						
E H VIV A F MEDICAL PRANCIPS O A A A A	9	(Check only 1 CERTIFYING PHYSIC										
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29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	ш	200. SIGNATURE AND THE OR CERTIFIES	11	out o				29c. LIC	ENSE NUI	MBER		
0.C.M.E. ▶ 02/11/1992		The This	x, m	,					O.C	.M.E.	▶ 0:	2/11/1992
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Name, Print)	-	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU									

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Darian	Colston				DA 7	92	613
	4. SOCIAL SECURITY NUMBER NA	5. SEX 1 M 2 F	3. AGE (In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) $2 - 1 - 9$	0. BIRT	NPLACE (State of
E	9a. FACILITY NAME (If not institution, g	ive street and number)		96. CITY, TOWH	OR LOCATION OF DI	ATN MD	9c. COUNTY OF C	
5	RESIDENCE OF DECEDENT				00 01.7		cuy	
L DIRECTOR	10a. STATE 10b. CO.	UNITY	10c. CI	a Hu				10d. INSIDE C LIMITS? 1 Z YES 2
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BY FUN	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 FYES, GIVE WAI	YES 2 NO	If yes, sp	pecify Cuben, Mexica 3 2 NO Specify	tiC ORIGIN? (Specify Yes n, Puerto Rican, atc.) /:	Spec	E — American Ir ck, White, atc.
PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)		USUAL OCCUPATI work done during mose retired.)		16b. KIND OF BUS	INESS/INDUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Kton		C.	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
10 B	199: INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	y, State, Zip Code)	1 -
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	20s. METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AND DATE cemelery, compatory	OF DISPOSITION (N.	Inv. O. L	7.092 Ar	CATION - City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1711	22 NAME A	ND ADDRESS OF FA		Duras, 1.	9
	> Gla	due W	ane	Yara	4500	wahas	4 Ave	
SATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Henri	PR AS A CONSEQUENCE O	Lese State	Heart	Synder	7	Onset a
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE O		/	1 110000		
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I XSI	1 YES 2 NO	1 Inpetient 2 🗆 E	ER/Outpetlent 3 DOA	4 - Nursing Hon	ne 5 🗆 Residence			
ву Рн	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		JURY WO	DRK? YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED	
LETED	3 Suicide 8 Could not 4 Homicide detarmined	building, at	INJURY — At home, ferm, c. (Specify)	street, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
	29e. CERTIFIER (Check only	HYSICIAN: To the best of m						
OMPLE	one) 2 MEDICAL EXAM	WINER: On the basis of exar	mination and/or investigation	on, in my opinion, c	SOBILI OCCOIDE SI INC	time, data and piece, and	a doe to the cades(s) and menner so
TO BE COMPLE	one) 2 MEDICAL EXAM 296. SIGNATURE AND TITLE OF CENT		mination and/or investigation	on, in thy opinion, c	29c. LICENSE NUN		29d. DATE SIGNED	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
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CERTIFICATE OF DEATH

REG NO

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	1. DECEDENT'S NAME (First, Middle, Last		DEDITED	CART	CON				2. DATE OF C	DAY	Y	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	CARL JOHN 5. SEX 6				4 MP 1 B			7. OATE OF B	6		92	3:45 P M
		1 MM 2 F	AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN,	(Month, Day	r, Year)		Count	γ)
	163-14-3644		75	THO.					1-18-1	.7			ISYLVANIA
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF O	EATN		9c. COU	INTY OF O	EATN
DIRECTOR	KIMBROUGH ARMY C	ENTER		-	FOR	T MI	EADE				ANN	IE AF	RUNDEL
ည္မ	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN		/_	10c. CIT	Y. TOWN C	OR LOCAT	TION						10d, INSIDE CITY
E I	MARYLAND ANNE	ARUNDEL		TTN	THIC	IIM							LIMITS?
	10e. STREET AND NUMBER	AKUNDEL		LIL	Inic	_	1. ZIP COD	F			10a CIT	IZEN OF I	WHAT COUNTRY?
A	E22 HAUTHODNE DD							_			.09. 07.		
FUNERAL	522 HAWTHORNE RD		EVED IN HE AS	MED	112		21090		NC ORIGIN? (S	andha Van	as No		S.A.
	1 Never Married 2 Married	12. WAS DECEDENT, FORCES? 1	YES 2	NO		If yes, sp	ecity_Cubi	in, Mexica	n, Puarto Rican		01 140—		E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	W.W. I				1 [] YES	2 NO	Specif	y:			Spec	HITE
<u> </u>	15. DECEDENT'S EC	UCATION	16a, DE	ECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	O OF BUS	INESS/IN		
COMPLETED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	ST	i Do NS 5	work done	OR N	OST OF WORK	FOI	177				
7	12	1		FICE						CTV	TT. S	ERVI	CE
8	17. FATNER'S NAME (First, Middle, Last)	-	1011	TOB	OI I	101111			ME (First, Middle			LICY	OL
Ö	NILS JOHN CARLSO	N					TAI	IDA A	ANDERSO	M			
H	19a. INFORMANT'S NAME (Type/Print)	IV.	19	b. MAILING	ADDRESS	S (Street			Route Number, C		, State, Zi	p Code)	
2	THELMA CARLSON								THICUM				i
	20a, METNOD OF DISPOSITION		20b. PLACE						VIIIICOL				own, State
	1 Donetion 5 Other (Specify)	moval from State	METRO	lace)	•			maiory or					
	21. SIGNATURE OF EUNERAL SERVICE	LICENSEE	METRA	JUKE			ND ADDRE	SS OF FA	CILITY	BAL	LIMC	ORE,	MD
- 1	1 4	V.							NERAL H	OME			1
	1/2/00	lle-			1	SEC	COND	AVE.	S.W.	GLEN	BUF	RNIE,	MD 21061
	23. PART I. Enter the diseases, o shock, or heart fallen				not enter	the mo	ode of dy	ing, suc	h as cardiac	or reapli	ratory a	rrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	nous	-11:	1		-	ne		-				Onset and Death
ļ	reaulting in death)	a. MUCT	1995	16	131	1	716	VIGC	3				
													7
CERTIFICATION	Sequentially list conditions,	b. 7507	TIC I	OUENCE O	SUIC								
AT	If any, leading to immediate cause, Enter UNDERLYING		DISA			411	1211						
윤	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSE										
E	reaulting in death) LAST	ACOPTE	PED	Nex	200	111	46	10/	CER				KO DAYS
		d. 100 / 10	,,,,,	NOC	7,00			C/4					10
	PART II. Other aignificant conditi									PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	ADEXOCAL	CILOMI	9 OF	NE	CX	ch	CE	EUI	1000	YES 2			COMPLETION OF CAUSE OF DEATN?
빌	SPINE, F	EIMARS	UN,	KNO	KIK								1 YES 2 HAO
									_				
¥	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATN (C)	neck only one)				
SIC	EXAMINER?	HOSPEAL:	ER/Outpetlant	3 🗆 DOA	OTHE!		ne 5 🗆 B	aaldanca	6 Other (Sp	ect(v)			
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF II		26b. TIN	Æ OF	28c. IN	JURY AT		28d. DESCRI		NJURY O	CCUREO	
- 1	1 Natural 5 Pending	(Month, Day	/ Year)	IN.	JURY M	_	ORK? YES 2	NO					
В	2 Accident Investigatio	28e. PLACE OF	INJURY — At h	ome, farm,	street, fac	tory, offic	Co		26f. LOCATIO	N (Street a	and Numbe	er or Rural	Route Number,
	4 Homicide determined	building, a	tc. (Specify)						City or To	wn, State)			
91	29e, CERTIFIER		0///		SWI HILL								
COMPLET	one) —	SICIAN: To the best of n											and a second
8			IMMINITION ANG/OF	Investigate	on, in my	opinion,	death occi	Jred at the	time, date end	pieca, an	d due to	the cause	(e) and manner as stated.
BE	29b. SIGNATURE AND THELE OF CERTIF	IER	9	o ,			29c. LIC	ENSE NU	MBER		29d. OA	TE SIGNE	O (Month, Day, Year)
2	WHENDEX TILL	LOOL WIL	Mist	VA	C		1	50.	163		1	are	1072
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETEO CAUSE	OF OEATH (ITE	EM 27) (Type	o, Print)	-	- 11-	M	E MIL	, ,			_
	MICHAEL GIA	ACON (5H /V	EUL	1BC	17	Post	STA	= ML	d	ロア	55	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		1.00									
	FEB 1 3 1992	Julia David	son-Nave	AUCH									

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permit. Pages 1, 2, 3 should

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OF VITAL RECORDS, P.O. BOX	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z-r riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State Dent. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NG PHYSIC	fler this cer	marked,
ATTENDI	ECTOR: A	n 28 is
ITAL DR	3AL DIR	If iten
TO THE HOSP!	TO THE FUNE!	IMPORTANT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH February 10,1992 Ray Spencer Cowan 2:20 A A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN 1 M 2 F YRS. 243-52-3057 4-23-35 NORTH CAROLINA Se. FACILITY NAME (If not institution, the street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Malcolm Grow USAF Medical Center Andrews AFB, MD Prince Georges RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY 1 TES 2 NO MARYLAND ANNE ARUNDEL GLEN BURNIE FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7110 PICKERING CT. 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 1954-1974 VIETNAM BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th 2 YEARS I.G. INSPECTOR CIVIL SERVICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) FRANCIS T. COWAN EDNA B. DALTON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) LUCILLE COWAN 7110 PICKERING CT. GLEN BURNIE, MD 21061 20e. METHOD OF DISPOSITION
1 🔀 Burlai 2 🗌 Cremation 3 🗍 👫 20th PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 D Other (Specify) MARYLAND VETERANS CEMETERY 2-1 3-92 CROWNSVILLE, 21. SIGNATURE OF FUNE SERVICE LICE 22 NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME pretto SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . Multiple Myeloma 3 years resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 N YES 2 I ND 1 ☐ YES 2 📉 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 1 Inpatient 2 ER/Outpatient 3 DOA 1 TES 2 T NO ig Home 5 🗆 Residence 6 🗆 Other (Specify) 4 🗆 Nur 27. MANNER OF DEATH 28a. DATE DF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🛚 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 20a CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDIÇAL EXAMINER: On the nation end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

Malcolm Grow USAF Medical Center Andrews AFB, MD 20331-5300



BE

2

32. REGISTRAR'S SIGNATURE me northern halings FEB 1 3 1992

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RONALD HALE, Captain, USAF, MC

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NUME AND TUTUE OF C

31. DATE FILED (Month, Day, Year)

29d. DATE SIGNED (Month, Day, Year)

Feb 10, 1992

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	and the second of the second o
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	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			NTAL HYGIEN REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	ž.			2.	DATE OF DEATN			ME OF DEATH
	Mary E. C	ockrell	(Middle	Name:		MONTH D		AR 2	150 M
1	4. SOCIAL SECURITY NUMBER			MOER 1 YEAR		DATE OF BIRTN (Month, Day, Year)		BIRTNPLACE Country)	(Stete or Foreign
1	577-42-2616	1 DM 2 XF 9	YRS. MON	TAS DATS	HOUNS WIR.	09/24/9	17		
_	9e. FACILITY NAME (If not institution, give	A A	9b.	CITY, TOWN C	R LOCATION OF DEATH	,	9c. COUNTY	OF DEATN	
5	Shady Grove	Adventist	HOSP KO	ckvi	He, MI	>	MEN	1190	mery
E I	10s. STATE 10b. COUNT	ry	10c. CITY, TO	WN OR LOCAT	ION			J0d.	INSIDE CITY
E	None Non	e	Washi	ington	D.C.				LIMITS? YES 2 NO
A	10e. STREET AND NUMBER			101	ZtP CODE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL DIRECTOR	1915 Kalorama Ro	ad, N.W. #104	ŀ		20009	United States			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF NISPANIC (scify Cuben, Mexican, P		s or No— 14.	RACE - Ar Black, Whit	nericen Indien, le, etc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2XXNO Specify:	,		Specify:	
	15. DECEDENT'S ED	ICATION -	16a. DECEDENT'S USU	AL OCCUPATIO	M.	16b, KIND OF BU	SINESS/INDUST	Whi	te
	(Specify only highest grad	le completed)	(Give kind of work life. Do NOT use ret	done durina mo		IOLI KIND OF BO	311123371112031		1
2	Elementery/Secondery (0-12)	College (1-4 or 5+)	Clerk			United	States	Gove	rnment
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		020211		18. MOTHER'S NAME	(First, Middle, Maiden	Surname)		
BE C	John Cockrell				Katie Pe	arson			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street a	nd Number or Rural Rout	te Number, City or Tow	vn, Stata, Zip Coo	de)	
5	Norma Gromley		229 Wel	olos T	rail, Valp	araiso,	IN 46	383	
	20e. METHOD OF DISPOSITION 1 ☐ Buriet ② Cremetion 3 ☐ Rei	an au und dum en Chad.	other place)				CATION — City		
	4 Donatton 5 Other (Specify)	Me	tropolita				xandri	a, Vi	rginia
	21. SIGNATURE OF FUNERAL SERVICE L	M00690)	Moser	Funeral H	ity Home			
	"Noward #	1 Carson	1	233 B	roadview A	Avenue, W	arrent	on, V	A 22186
	23. PART I. Enter the diseases, or	complications that caused. List only one cause on a		enter the mo	de of dying, auch a	a cardiac or reap	iratory arrest	.	Approximata Interval Between
	IMMEDIATE CAUSE (Final	7						ļ	Onset and Death
	disease or condition resulting in death)	OUE TO (OR AS A	1110						
		DUE TO (OR AS A	CONSEQUENCE OF):						
Z	Sequentially list conditions,								
CERTIFICATION	bue to (or as a consequence of): if any, leading to immediate cause. Enter UNDERLYING								
윤	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS /	A CONSEQUENCE OF):						
Ē	resulting in death) LAST	N. C.	V. S. S. S. S. S. S. S. S. S. S. S. S. S.					ļ	
		d						1	
CAL	PART II. Other significant condition		out not reaulting in the	he underlyin	g ceuse given in Pa	rt i. 24a. WAS AP PERFO		AVAIL	E AUTOPSY FINDINGS LABLE PRIOR TO
	10011110	the cientry				_ 1 □ YES	2 NO		PLETION OF CAUSE DEATH?
MEDI	COCHEXIX	2				- *		1 🗆	YES 2 NO
ÿ									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	ACE OF DEATN (Check	only one)			
.×S	1 YES NO	28e. DATE OF INJURY		_	Ne 5 Residence 6 D		IN HERV COME		
	Natural 5 Pending	(Month, Day, Year)	28b. TIME O	W	YES 2 NO	8d. DESCRIBE NOW		IED	
ВУ	2 Accident Investigation	26e, PLACE OF INJURY	/ At home, farm, stree			8t. LOCATION (Street	end Number or	Rural Route	Number.
ED	3 Suicide 6 Could not b 4 Homicide determined	building, etc. (9)0	cny)			City or Town, State			
COMPLET	29a. CERTIFIER 34 COSTUTIVINO BUILD	CICIANI To the best of the	1.4						
MP	TOTACK OTHY	SICIAN: To the best of my know NER: On the basis of examination							menner es stated.
8		/							
BE	29b. SIGNATURE AND TUTLE OF CERTIF	1140			29c. LICENSE NUMBE	7	29d. DATE S	4/57	ith, Day, Year)
5	30. NAME AND AND ESS OF PERSON V	WHO COMPLETED CAUSE OF DE	EATN TEM 27) (New #	ND	00001	<u></u>	- 4	7116	
	CLI	2006 110	15200 80	10	NA PA P	sculle	140 7	850	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	270-	The same	we lue 1	Solding.	030 60	<i>y</i> -	
	FER 1 3 1992	Livia Davidson	-Rando DO	1	,				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

140 LAND 21213-0020	tained by the hospital or attending physician.	should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	iffled at once.
STATE COLLEGE, 1.C. DON COLO.	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	RR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should ter death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	TO THE HOSPITAL OR ATTENDING I	THE FIVERAL DIRECTOR: After	IMPORTANT: If item 28 is marked,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	nedi3 man				CHILL	ICAL	E OF	DEA	I ITI	RE	G. NO.		
	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	Floyd Perry 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last					ples				02 09 1992 6:50 PM			
		ER	5. SEX	6. AGE (In yrs. la	yns.		DAYS	IF UNDER	24 HRS.	7. DATE OF BIF	TH Year)	6, BIFT	THPLACE (State or Foreign
	237-46-0541 ¹\X\\m²□F 59					ar Ort (145	MONTHS DAYS HOUTES MIN. (Month, Day, Year) Aug. 28, 1932 N.						N.c.
~	9a. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DEA	ATH	9c.	COUNTY OF	DEATH
5	1019 N. Calhoun Street					Baltimore						City	
DIRECTOR	10e. STATE	10b. COUNT			10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
8	N.C.	Len	oir.		Ki	nsto	n						LIMITS?
	10e. STREET AND NUMBER					10f. ZIP CODE					100	1 X YES 2 NO	
ER	2411 Hull R				28	501			u.s				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S. A	RMED	13. WAS DECENDENT OF HISPANIC ORIG				C ORIGIN? (Spe	city Yes or N		
BY F	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES				NO		If yes, ap	ecify Cube	n, Mexican, Specify:	, Puarto Ricen,	etc.)	CE — American Indian, ck, White, etc.	
													Black
	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)	(6	ECEDENT'S Give kind of	work done.	during me	ON ist of working	ng	16b. KIND	OF BUSINES	SS/INDUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+) lik	e. Do NOT us	· ·							
MP	12				Farm	er						icultu	re
8	17. FATHER'S NAME (First, M.		. 0 0	0.				18. MOT		E (First, Middle,		ame)	
BE	19e. INFORMANT'S NAME (7		g Coples	, Sr.						lena Su			
임		11.								oute Number, City			
	Dartha Brig			20b. PLACE	2409	писе	. Ka	, ^	Luszi	on, N.			
	1 Buriel 2 Cremetic	n 3 [KRem	oval trom Stata	cemetery, cr	ematory or o	ther place)	OL	me of		DATE	20c. LOCATIO	ON — City or	Town, Stata
	1 Burlet 2 Cremetion 3 Kemoval from Stata 4 Donestion 5 A Other (Specify) Holly Grove Chruch Cem. 2-15 Lenoir Co. NC 21. SEGNATURE OF FRIEDRIC SIGNATURE OF FACILITY												
	· 11.		11	*						ENBURG	FUNER	RAL HO	ME. INC.
_	Nel	ane	4 /c	ucai	V	6	009	Hark	ord 1	Rd. 1	Baltin	nore.	MD 21214
	23. PART I. Enter the di shock, or he	seasea, Dr eart fellure.	populations the	et caused the duse on each lin	eath. Do r	not enter	the mo	de of dy	ng, auch	aa cerdiec D	r reapirator	ry erreat,	Approximate Interval Batween
	IMMEDIATE CALIFE (Final												
	disease or condition resulting in death) e. Icostatt Cancer												
			DUE TO	(OR AS A CONSE	OUENCE O								
NO	Sequentielly list conditions, b.												
Ě	If eny, leeding to immed ceuse. Enter UNDERLY!	diate	DOF 10	(OR AS A CONSE	OUENCE O	F):							
FIC.	CAUSE (Disease or Inju		c. DUE TO	(OR AS A CONSE	OUENCE O	FI.							
Ē	resulting in death) LAS	т .		(on no n conce	ODENCE O								
CE		d											
MEDICAL CERTIFICATION	PART II. Other significe	nt condition	s contributing to	deeth but not	resulting	In the ur	nderlyln	g cause g	given in P		MAS AN AUTO		b. WERE AUTOPSY FINDINGS
200											YES 2 N	<i>i</i>	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME													OF DEATH?
										_			
¥	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PI	ACE OF D	EATH (Chec	k only one)			
) 	1 🔀 YES 2 🗌 NO		HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHE		e 5 (X Ra	sidence 8	Other (Spec	H(v)		
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, E		28b. TIM	_	26c. INJ			28d. DESCRIBE		Y OCCURED	
ВУ		Pending investigation	(Month, E	yay, raary	180	M		ES 2	NO				
	3 Suicide 6	Could not be	28a. PLACE C	OF INJURY At he	ome, farm, a	street, tac	tory, offic	•		28t. LOCATION City or Town	(Street end N	lumber or Rura	Route Number,
	4 Homicide	determined		,						City or low	r, State)		
COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occum	ed at the t	lime, date	end piece	and due to	o the cause(e) o	ind menner o	es stated.	
8													(s) end menner ee stated,
	29b. SIGNATURE AND TITLE								NSE NUMB				
98	Klen	11-	0 (1. 0				290. LIOI		en .	2300		D (Month, Day, Year)
임	30. NAME AND ADDRESS OF	PERSON WH	O OMPLETED CAU	SE OF DEATH (ITE	M 27) (7m	Print)	_	0.	C.M.	Ε,		02 10	1992
				4 -									
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE		nn.	Str	eet,	Ba1	timor	е Ма	rylar	nd 21201
	FEB 131	992	ina Davi	dson-Rand	Leve								
		70=											

ange Ti

	FOR STATE REGISTRAR	STATE OF MARYLAND /		MENT OF HE		MENTAI	HYGIENE		0001			
	1. DECEDENT'S NAME (First, Middle, Lest) DANTE	EL CASS	SANTO			2. Date of Death Month Day 12, 1992 3:00						
	202-03-9109	SEX 6. AGE (In yrs. les		IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	Dey, Year) 9	0 6.	BIRTHPLACE (State or Foreign Country) Pennsylvania			
TOR	9a. FACILITY NAME (If not institution, give stree 20 Rainflower Path RESIDENCE OF DECEDENT	unit 102		96. CITY, TOWN OF		eath park			Y OF DEATH LMOTE			
DIRECTOR	100. STATE Maryland Baltin	nore	THE TOO. CITY, TOWN OR LOCATION XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					Sparks				
FUNERAL	100. STREET AND NUMBER 20 Rainflower Path	Unit 102		10t. ;	ZIP CODE 21152			-	S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 TYES 2 TYPE IF YES, GIVE WAR OR DATES	NDENT OF NISPA lify Cuban, Mexic NO Speci	en, Puerto F	? (Specify Yea o	or No — 14	Black, White, etc. Specity: White					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	(Gillege (1-4 or 5 +)	CEDENT'S USING KIND OF NOT USE		of working	16b.	Real E		ТП			
NO.	17. FATHER'S NAME (First, Middle, Lest)		τρριών		18. MOTNER'S NA	AME (First, A						
BE (Giovanni Ca					ia Tu						
임	1911. INFORMANT'S NAME (Typo/Print) Anne M. Cassanto			inflower					ode) 21152			
	20a. METNOD OF DISPOSITION t □ Burlal 2 X Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	20b. PLACE	AND DATE OF	DISPOSITION (Name of CREMAT	eot	DATE		ATION - City	y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENT	. Kinicard)	22. NAME AND ROBERT	C. ALTI	ENBUR	G FUNE	RAL H	OME, INC.			
23. PART I. Enter the diseases, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								etory arreal	Approximate Interval Between Onaet and Death			
- 0	PART II. Other significent conditions of	antributing to death but not a	a autalm – to									
PHYSICIAN: MEDICAL		Similar in the section of the sectio	eaciting III	the underlying (ceuse given in	Pert I.	24a. WAS AN A PERFORM 1 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PLA	CE OF DEATH (Ch	eck only one)					
HYS	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3 28a. DATE OF INJURY		☐ Nursing Home			(Specify)	ILIMA OCCUPA				
ВУР	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	RY WORK	K? S 2 NO	200. DE3	SHIDE NOW INC	JOHN OCCOM	ico			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	JRY — At home, farm, streat, factory, office 28t, specify)			28t. LOCA City o	it. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and pleas, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE C	296. SIGNATURE IND TITLE OF CERTIFIER	wters	1		DOSE NUI							
	Dr. Ruth Kantor, N			rles St.	Ra 0+	imaka	. MD	Suit	te 614			
	31. DATE FILED MONTH Day 1992	32. REGISTRAR'S SIGNATURE		nes si	<u> bucc</u>	unore	, IVIU	Suc	LE 014			



יי ביינים ליינים	vithin 24 hours after death. Page 6 may be retained by the hou	bletely filled in by the funeral director, page 5 should be detach remation, or removal.	ent, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

O'HERLIHY, M.D./3

32. REGISTRAR'S SIGNATURE

FEB 1 3 1992

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C		TMENT OF				HYGIENE REG. NO.	32	03908
	1. DECEDENT'S NAME (First, Middle, Last)				0/112 01			2. DATE OF			3. TIME OF DEATH
	ELIZABETH Genevieve DIETZ							MONTH	DAY	YEA	AR .
	4. SOCIAL SECURITY NUMBER	enevieve			IETZ	1		02	11	92	4:30 PM
	Conference and advantagement		6. AGE (In yrs. le		IF JINDER 1 YEAR	HOURS	R 24 HRS.	7. DATE OF (Month, E		8. B	IRTHPLACE (State or Foreign ountry)
	217-64-1283	1 M 2 XF	79	YRS.				04 1	5 191	2 MA	RYLAND
	9a. FACILITY NAME (If not inatitution, give a	treet and number)			9b. CITY, TOWN	OR LOCAT	TION OF DI	EATH		COUNTY	
TOR	NORTH ARUNDEL HO	ION	GLEN BURNIE A					Α.	A. COUNTY		
DIRECTOR	MARYLAND ANNE		TY, TOWN OR LOCATION EN BURNIE						10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER	GLE		Of. ZIP CO	DE .		1.00	0.000	1 TYES 2 X NO		
FUNERAL	221 7	_			- 1				10	g. GITIZEN	OF WHAT COUNTRY?
l H	321 FERNDALE ROAL					2106				U.S.A	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13. WAS DE	CENDENT pocify Cub	OF HISPAN	NIC ORIGIN? (in, Puerto Ric	Specify Yes or N	lo— 14, F	RACE — American Indian, Black, White, etc.
B	3 K Widowed 4 Divorced	IF YES, GIVE Y					Specif		an, acc.,		Specify:
		<u> </u>									WHITE
回	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)			USUAL OCCUPAT ork done during n		ina	16b. K	IND OF BUSINES	S/INDUSTI	RY .
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	614.	. Do NOT use	retired.)						
€	6	NONE	но	MEMAK	ER				OWN	HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Mid	dle, Maiden Sum	ame)	
l w	GEORGE F. LOBER					TOS	FPHT	NE M.	RILEA		
0	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street					oto Zin Cont	
임	JOAN E. FRASER		1.5								
1 1	20a, METHOD OF DISPOSITION				FERNDAI		AD (
	1 5 Burial 2 Cremetion 3 Rem	oval from State	cemetery, cn	ematory or oth	F DISPOSITION (I	lame of		DATE	20c. LOCATIO	ON — City o	or Town, Stata
	4 Donation 6 Other (Specify)	TOTAL TOTAL	<u> </u>	NS OF	FAITH			2-14	BALTI	MORE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			C T N C I			CILITY ERAL I	OME		
		valte			1						
	22 PART I Enter the discusses of				I SEC	OND	AVE.	S.W.	GLEN B	URNIE	, MD 21061
	23. PART I. Enter the diseases, or complications that caused the death. Do not an ar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Ondet and Deat										
1 1		E Julio	FOR AFA CONSE	QUENCE OF	1	1.	11		. /		110-1
Z	Sequentially list conditions,	· COUHN	MHU	Dun	MIM	HM	N	1120	M		Han
CERTIFICATION	If any, leading to immediate	DOE TO	TON AS A CONSE	QUENCE OF	10	-	J			1	
3	cause. Entar UNDERLYING CAUSE (Disease or Injury										
里	that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF	1						
1 = 1	reaulting in death) LAST										
5											
4	PART II. Other aignificant condition	s contributing to	daath but not	reaulting in	n tha undarlyl	ng cauaa	given in	Part I. 2	In. WAS AN AUTO		24b. WERE AUTOPSY FINDINGS
MEDIC	Med Ario	Duc						Ι,	PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	m y A		M /					'	LI IES ZAN	.	OF DEATH?
2	Warney Day	1/1/1/1	H a/ha	^				_		- 1	1 YES 2 NO
PHYSICIAN:	2.0116.1.100	10410	11.070	4							
호	25. WAS CASE REFERRED TO MEDICAL ** EXAMINER?	NOSPITAL:			OTHER:	LACE OF	DEATH (Ch	eck only one)			
S	1 TYES 2 DINO	1 Inpetiant 2	ER/Outpetient 3		4 Nursing Ho	me 5 🗆 F	tasidenca	6 Other (S	(pecify)		
동	27. MANNER OF DEATH	28s. DATE OF (Month, D		26b. TIME		JURY AT ORK?		26d. DESCR	IBE HOW INJUR	Y OCCURE)
BY	Netural 5 Pending (-,,,			YES 2	□ NO				
0 0	3 Guicide 8 Gould not be	28a. PLACE O	F INJURY — Al ho	ma, farm, st	reel, factory, off	ca		26f. LOCATI	ON (Street and N	umber or Ru	ral Route Number.
E	4 Homitide determined	building,	etc. (Specify)					City or	lown, State)		
Ш	29s. CERTIFIER										
를	Check only CERTIFYING PHYSI										
COMPLETE	MEDICAL EXAMINE	R: On the basis of e	xamination end/or	investigation	, In my opinion,	death occi	ared at the	time, date an	d place, end du	to the cau	se(e) end menner ea stated.
C	296 SIGNATURE AND TITLE OF CERTIFIE	1	1			29c. LIC	ENSE NUN	ABER	200	. DATE SIG	NED (Month, Day, Year)
18	(1700m) 111	MM	MU/M							9	11-82
12	30. MANE AND ADDRESS OF PERSON WH	O COMBI EXED CALL		6 27 /3	0.1.0					×	

M.D./325/HOSPITAL DRIVE, #208/GLEN BURNIE, MARYLAND 21061

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After t	be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burlai, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTA	L HYGIENE REG. NO.	16	00	505
18	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3. T	IME OF DEATH
	FLORENCE RUTH EV.	ANS				02 11 1992 , 3:44 p				
	4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday)	IF UNDER 1 YEAR			OF BIRTH	8.	BIRTHPLAC	E (State or Foreign
	219-64-8882		79 . YRS.	BONTING UAT	HOURS MIN.	07		912 N	1ARYL	AND
-	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COUNTY	Y OF DEATH	
DIRECTOR	UNIVERSITY OF MA	ORE			N/A					
E	10a. STATE 10b. COUN		Y, TOWN OR LO	CATION				10d	INSIDE CITY LIMITS?	
		E ARUNDEL	N BURNI						YES 2X NO	
FUNERAL	104. STREET AND NUMBER				10f. ZIP CODE				N OF WHAT	COUNTRY?
N.	301 FERNDALE ROAT			21061				S.A.		
B₹	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 NO Specific	can, Puerto	f? (Specify Yes (Ricen, etc.)	or No 14	Black, Wh Specify:	merican Indian, Ita, atc.
TEO .	15. DECEDENT'S Ed (Specify only highest grad	DUCATION de completed)	16a. DECEDENT'S (Give kind of s	work done during	TION most of working	16b	. KIND OF BUSI	NESS/INOUS		HILL
Į jų	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	ne retired.)						
COMPLET	9	NONE	HOMEMAK	ER		_	OWN HON			
	17. FATHER'S NAME (First, Middle, Last)	D			18. MOTHER'S N	die -				
BE	HOWARD L. STEINE	<u>R</u>	200 0000		FLOREN					
2	MISS LINDA EVANS		100000000000000000000000000000000000000		ROAD GL			11111		
	20a. METHOD OF DISPOSITION		Ob. PLACE AND DATE			OAT OAT		ATION — CIT	1061	7-4-
	1 Donation 6 Other (Specify)	movel from State	emetery, crematory or o	ther place)		1				
	11. SIGNATURE OF FURE AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate									
CERTIFICATION	disease or condition								Immediak a weeks	
CERT	resulting in death) LAST	d								
N: MEDICAL	PART II, Other eignificant condition	PART II. Other significant conditions contributing to death but not resulting in the under					24a, WAS AN A PERFORM 1 YES 2 (ED?	COM DF 0	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 (1)
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			PLACE OF DEATH (C	heck only or	16)			
YSI	1 TYES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Year	Y 26b. TIM		NJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28. DI ACE OF IN HI	281. LOC City	ATION (Street an or Town, State)	nd Number or	Rural Route	Number,			
COMPLETED		SICIAN: To the best of my kn								manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIC	IER VMI			DHO6				II 9	th, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W								1117)	
	Debru Beck 31. DATE FILED (MONTH, Day, Ybar)	22, REGISTRAR'S SIL	Greene S	St T	Saltimor	e,n	115010	209		
	FEB 1 3 1992	Julia Davido	on Randall							



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of the recent of the relation of the relation of the relation of the relation of the relation of the relation of attending	TO THE FUNERAL DIRECTOR: After this certificate has been stilled by the state of the physician and completely filled in by the funeral director, page 5 should be detached for use as the	fle	IMPORTANT if item 28 is marked or item 22 annual initial or their results event the medical assembles he motified at second
2	2	20	4

	1 - STATE STATE OF REGISTRAR	MARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND		SIENE NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BETTYLHHARR	15			2. DATE OF DEA MONTH	ТН	YEAR 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-22-8399 1 1 M 2 FF	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	40 A -41 A 14		B. BIRTHPLACE (State or Foreign Country) H d	
DIRECTOR	99. FACILITY NAME (If not institution, give street and number)			TIM & R		9c. COUNT	TY OF DEATH	
JEC.	10a. STATE 10b. COUNTY	10c. CI	Y, TOWN OR LOC	TION			10d. INSIDE CITY	
	m n	B	ALTI	nonE			LIMITS?	
FUNERAL	100. STREET AND NUMBER 2535 SHIRLEY	AUE	3-611	1. ZIP CODE	215	10g. CITIZI	EN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, s	CENDENT OF HIS secify Cuban, Mea 3 2 0 Spe	PANIC ORIGIN? (Specifican, Puerto Ricen, etc.)	fy Yes or No— 1	14. RACE — American Indien, Black, White, etc. Specify: Q. I.A.C. K	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of	USUAL OCCUPAT work done during n se retired.)	ON ost of working	16b, KIND O	F BUSINESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Last) Pittley Howard			18. MOTNER'S	NAME (First, Middle, M	eiden Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rui	rel Route Number, City of	or Town, State, Zip C	Code)	
	20e_METHOD OF DISPOSITION 1 Spuriel 2 Cremetion 3 Removal from State	20b. PLACE AND DATE certetary crematory or o		ame of	DATE 20	c. LOCATION — CI	ty or Town, State	
	4 Donetton 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE	- I Viester		ND ADDRESS OF	5-15-92 C	atons), le, rid	
	· Mortia Eliro	V	Har	1300	- West	ash x	Ive_	
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	WHAM I Q ON AS A CONSEQUENCE O OR AS A CONSEQUENCE O	PSSILLY				Approximata Intervel Between Onset and Desth	
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to History of Sugger Carde End stag renal d	ac death	in the underlyin		PEI	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	ACE OF DEATH (Check only one)			
HYS	1 ☐ FES 2 ☐ NO 1 ☐ Inpettent 2 ☐ 27. MANNER OF DEATH 280. DATE OF	ER/Outpatient 3 DOA	4 - Nursing Nor		6 Other (Specify)			
ВУ Р	1 Netural 5 Pending (Month, E		URY W	URY AT RK? YES 2 NO	26d. DESCRIBE H	OW INJURY OCCUI	RED	
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele)							
OMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of experience of	my knowledge, death occurre	od at the time, date	and place, end di	ue to the cause(s) end	menner ex steled.	cause(e) end manner as stated.	
) BE C	Skall femil u	8		DUZZZ		29d. DATE S	SIGNED (Month, Day, Year)	
٩	Stephen Zeme M	SE OF DEATH (ITEM 27) (Typos.) - 1818 1	of Sp	19 12	d. #102	Luthe	rulle Md 21093	
	FEB 1 3 1992 Julia David	A'S SIGNATURE					1)	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTACHED FINANCIAN THE PROPERTY OF THE HOSPITAL OR ATTACHED FINANCIAN THE PROPERTY OF THE FUNERAL DIRECTHE. THE CASE OF STATEMENT OF THE FUNERAL DIRECTHE. THE CASE OF STATEMENT OF THE FUNERAL DIRECTHE. THE CASE OF STATEMENT OF THE FUNERAL DIRECTHE. THE CASE OF STATEMENT OF THE FUNERAL DIRECTHE. THE STATEMENT OF THE PROPERTY. If I I I I I I I I I I I I I I I I I I	BALTIMORE, MARYLAND	eath. Page 6 may be retained by the hos	uneral director, page 5 should be detache		caminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTACHED FINE THE HOSPITAL OR ATTACHED FINE THE PROPERTY OF THE FUNERAL OR STATE CHARLES CALL THE PASS DATE SIGNATOR THE REPORT OF THE FUNERAL OR THE PROPERTY OF THE PROPERTY O	ш 1	ours after	ed in by th	Or remove	medical
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE Taw requires that the death certificate be executed within the	TO THE FUNERAL DIRECTIFF AVE. THE CENTICATE has been signed by the attending physician and completely filled	be filed within 72 hours are used with the State Dept. of Health and Mental Hydrene prior to burlal, cremation, c	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the n

	1 - STATE STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF DEATH	MENIAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	OI DEATH	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH				
- 1	4. SOCIAL SECURITY NUMBER 50 S. SEX S. AGE (In yrs. Inst birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	2 11 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign				
	219-30-2150 1 MM 2 DF 5'8 VRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 34 Country)							
~	0 ale 11	TOWN OR LOCATION OF DI	EATH 9c. Co	OUNTY OF DEATH				
5	RESIDENCE OF DECEDENT	TIMORE						
DIRECTOR	100. STATE 106. COUNTY Catorisu, 1/2 10c. CITY, TOWN OF	RLOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	100. STREET AND NUMBER	101. ZIP CODE	10g. (CITIZEN OF WHAT COUNTRY?				
FUNERAL	311 A. Melvin Avenue 11. Marital status 12. WAS DECEDENT EYER IN U.S. ARMED 13. W	2122	NIC ORIGIN? (Specify Yes or No-	14 BACE - American Indian				
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If	yes, specify Cuban, Mexica VES 2 NO Specifi	n, Puarto Rican, etc.)	- 14. RACE — American Indian, Black, Whita, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18a. DECEDENT'S USUAL OC (Give kind of work done dille. Do NOT use retired.)		16b. KIND OF BUSINESS/	INDUSTRY				
MPL	17. FATHER'S NAME (FIRST, MICHIGO, LOST)	MAN	ME (First, Middle, Maiden Surnam					
BE CC	Jumes E. Harris	Mary	Mathew s	e)				
10	190. INFORMANT'S NAME Opportuni) 190. MAILING ADDRESS 3// Mel	(Street and Number or Rural	Ba Ho Mul	21228				
	20s. METHOD OF DISPOSITION 1	ne of cemetery, cremetory or	TILE 20c. LOCATION	I — City or Town, Stata				
		AME AND ADDRESS OF FA	CILITY /A of	195 11113,100				
	· Fortie Eliron	anch it	100 Wabos	h Aue				
	 PART I. Enter the disesses, or complications that ceused the death. Do not anter shock, or heart failure. List only one cause on such line. 	the mode of dying, suc	ch as cerdiac or respiretory	Interval Between				
	immediate cause (Final disesse or condition resulting in death) a. Cone Gessi Uc	Hami	FARLUNG	Onset and Death				
_	DUE TO (OR AS A CONSEQUENCE OF):	MI LOW.						
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	4						
FIC	CAUSE (Disease or Injury that initiated events C. Due to (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST	. 12						
	PART II. Other eignificant conditions contributing to death but not resulting in the unit	derlying cause given in	Part I. 24a. WAS AN AUTOP PERFORMED?	AVAILABLE PRIOR TO				
EDICAL	- 1171		1 UYES 2 MO	OF DEATH!				
Σ	- CHAMIC Allo HOLIS	m.		1 WES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER	26. PLACE OF DEATH (C	heck only one)					
HYS	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF	sing Home 5 Residence 28c. INJURY AT	6 ☐ Other (Specify) 26d. DESCRIBE HOW INJURY	OCCURED				
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY 2 Accident Investigation	WORK? 1 YES 2 NO						
	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify)	ory, offica	261. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the 18	ime, data and place, and du	a to the cause(a) and manner as	stated.				
NO.	one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my of	pinion, death occured at th	e time, deta and place, and dua	to the cause(a) and menner as stated.				
BE (296. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NU	IMBER 29d.	DATE SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	14 45	40	-11-76				
		csony BLI	1) BACTIMO	NIS MD 21216				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							

OHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	OINIE OI	CERT	IFICATE OF		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Catherine J. H.	ollingshe	.ad			MONTH D	7 1	992 105 (P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lent birthde		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	220-90-2551	1 🗆 M 2 🖄 F	29 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-29-196	2	MARYLAND	
N.	Se. FACILITY NAME (If not inestitution, give street and number) So. CITY, TOWN OR LOCATION OF DEATH Baltimore								
5	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland Bal	r timore		city, town on Local rite Mars			10d. INSID LIMIT 1 — YES		
FUNERAL	30 Arlen Ct.			10	21 2 3 6			en of what country?	
N N	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED	12 746 05		ANIC ORIGIN? (Specify Ye			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, s	pecify Cuban, Mexic S 2 (X) (O Spec	an, Puerto Rican, etc.)	or No.	4. RACE — American Indian, Black, While, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDEN	T'S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDU		
4	Elementary/Secondary (0-12)	College (1-4 or 5		of work done during m T use retired.)	iost of working				
<u></u>		3 years		Register	ed Nurse	Far	nily C	are	
Š	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden			
BE	Walter D. Hollin	igshead				E. Christi	na Koh	skou	
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	ING ADDRESS (Street	and Number or Rura	Route Number, City or Tox	n, State, Zip C	Code)	
۴	Walter D. Hollin	igshead	404	Enfield	Road J	oppa, Mary	land	21085	
	20a. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Rem	nound from State	20h PLACEANDDA	TE OF DISPOSITION /A	lame of	DATE 200 LC	CATION CH	te or Town State	
	4 Donation 6 Other (Specify)	TOTAL HOM State	Meadowri	dge Memo	rial	2/11 1	Dorseu	. Maruland	
	1 CyBurlai 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Meadowridge Memorial 2.111 Dorsey, Maryland 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk Inc.								
	> (hanh h	Feel	. /	700	a-kuck fi	uneral Home	206 0	undalk Inc.	
	23. PART i. Enter the diseases, or	complications the	t doused the death. D	o not enter the m	ode of duing en	venue Dunc	iacr M	t, Approximate	
	shock, or heart fellure.	List only one ceu	on each lina.		oud of cynny, de	on se cardiac or resp	natory arres	intarvai Batween	
	IMMEDIATE CAUSE (Final disease or condition								
	resulting in death)	. Morbid	(OR AS A CONSEQUENCE	OF					
-									
CERTIFICATION	Sequentially list conditions, If any leading to immediate								
¥.	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death) LAST								
	DADT II Other classificant condition								
DICAL	PART II. Other significant condition	s contributing to	daath but not resultin	ig in the underlying	ng couse given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	1445					1 🗆 YES 2	NO X	OF DEATH?	
ME	Lelken	-						1 TYES 2 NO	
PHYSICIAN:									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)			
YSI	TY YES 2 NO		ER/Outpatient 3 DOA		ne 5 N Residence	6 Other (Specify)			
표	27. MANNER OF DEATH	26a. DATE OF (Month, D	ay, Year) 28b. 1		JURY AT DRK?	28d. DESCRIBE NOW I	NJURY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE D building,	F INJURY — Al home, larrett. (Specify)	m, atreet, factory, offi	CO .	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	4 Nomicide determined								
2	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, death occ	urred at the lime, dat	and place, and du	e to the cause(a) and mai	nner az stated		
O								cause(a) and manner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE		~		29c. LICENSE NU			BIGNED (Month, Day, Year)	
BE	0. 4. 11 11 0	2704/	110		D 01085			17/1992	
임	DO DUTY MODICAL	TO COMPLETED CAUS	SE OF DEATH (ITEM 27) (To	rpe, Print)	0,000		- 41	1/1772	
	Dr. Stanley Z.				o St E	Raltimato	Manie	and 21200	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE			, de la constante,	murget	WILL LILUL	

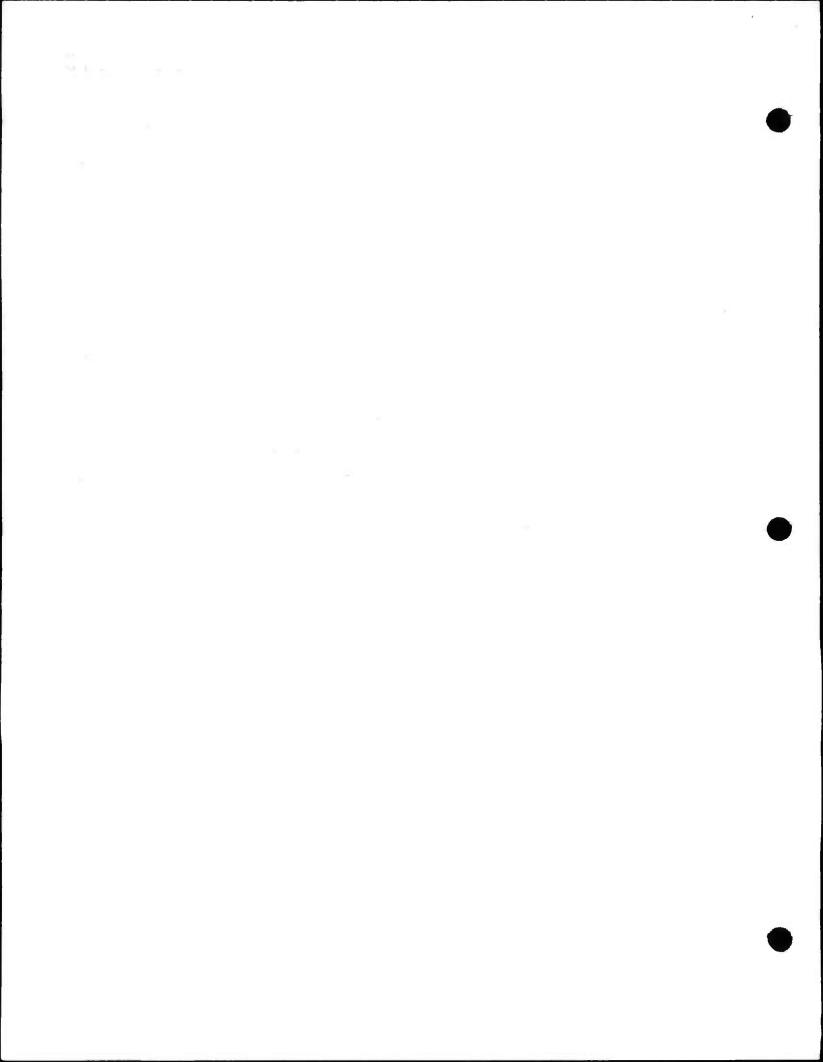
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BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH				
	1. OECEDENT'S NAME (First, Middle, Lest) WALTER R. HUMPHREY	2. DATE OF DEATH MONTH 2	pay 92	3. TIME OF DEATH 7:20P M	
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		7. DATE OF BIRTH (Month, Day, Year) S-31-16 8. BIRTHP Country MA?		
OR	98. FACILITY NAME (If not institution, give street and number) VA MEDICAL CENTER FORT HOWARD	OF DEATH	BALTI		
DIRECTOR	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?	
	MARYLAND BALTIMORE DUNDALK 100. STREET AND NUMBER		10g CITIZEN	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?	
FUNERAL	108 WOODLAND AVENUE 21222		USA	0. WIM 000171111	
B		ISPANIC ORIGIN? (Specify) lexicen, Puerto Ricen, etc.) Specify:		RACE — Americen Indien, Black, White, etc. Specify: HTTE	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF B	USINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE N/A LINE FEEDER TIME	N MILL BET	HLEHEM	STEEL CORP	
CON	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER	'S NAME (First, Middle, Mald	an Surneme)		
BE	WILLIAM HENRY HUMPHREY ALIC 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or in	CE EDITH Rural Route Number, City or To	MITCHE		
유	HARRY E. HUMPHREY 7026 BELCLARE ROAD				
	20b. PLACE OF DISPOSITION (Name of cometary, cremator other place) 20b. PLACE OF DISPOSITION (Name of cometary, cremator other place) OAK LAWN CEMETERY 2-1		OCATION — City	or Town, State E. MARYLAND	
	21. SIGHATURE OF PINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF DUDA—RUCK FU	OF FACILITY	OF DUND		
CERTIFICATION	23. PART i. Enter the diseases, or complications that saused the deeth. Do not enter the mode of dying, shock, or heart failure. List only ona ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF): OLD MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): d.			Approximate interval Between Onset and Death	
CALC	PART II. Other significent conditions contributing to death but not resulting in the underlying cause give		AN AUTOPSY ORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	S/P CORONARY BYPASS CEREBRAL AND CEREBELLAR ATROPHY	1 _ YES	2 🕅 NO	COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEAT	TH (Check only one)			
PHYSICIAN: MED	EXAMINER? 1	28d. OESCRIBE HO	V INJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide a Could not be determined 2se. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	261. LOCATION (Stree City or Town, Ste	TION (Street and Number or Rural Route Number, r Town, State)		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, or one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred			ouse(e) end menner ee stated.	
TO BE (30528	29d. DATE SI	ONED (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DUGGIRAIA, BALA, M.D. 9600 NORTH POINT ROAD, FOR	RT HOWARD,	MARYLAN	D 21052	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 12. 1992 Sulia Savidna Rondolo				



	REGISTRAR		CERTIFICA	ATE OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, L	Joseph	G. Jackso	n	2. DAT	TE OF DEATH DA		7EAR 0.2	TIME OF OEATN
	4. SOCIAL SECURITY NUMBER 213–30–5599		(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24	III. 7. DAT	E OF BIRTH orth, Day, Year) 7-28-193		. BIRTNPL/ Country)	Md
R	••. FACILITY NAME (If not institution, on North Arunde)	Hospital		Glen Burnie	OF DEATN		9c. COUNT	Y OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CO			OWN OR LOCATION				I 10	d, INSIDE CITY
	· Md			Glen Burnie					LIMITS?
ERAL	2 Warfield Road			101. ZIP CODE 21060			U S		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF P If yes, specify Cuben, II	fexican, Puerti	BIN? (Specify Yes o Rican, etc.)	or No-	Black, W	American Indian, hite, atc. Black
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 8th	EDUCATION trade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use red	done during most of working	-10	6b. KIND OF BUS	SINESS/INDUS	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest, Joseph Jackson			Hort	ense Sp				
TO 1	190. INFORMANT'S NAME (Typo/Print) Hortense Spr	55	2 Warfi		n Burni	e, Md 210	060		
	204, METHOD OF DISPOSITION 1/D/ Buriel 2 Cremation 3 1	DA	TE 20c. LO	CATION — CH		State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVIC 23. PART I. Enter the diseases, ahock, or heart falls	bron .	aach line.	Cemetery 22. NAME AND ADDRESS March F/ 4300 Wa Part the mode of dying	H West bash A auch as ca	192 Balt	imore,		Approximat
ERTIFICATION	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases,	or complications that ceuse ira. List only one cause on a but to one as but to one as cure.	ed the deeth. Do not a	cemetery 22. NAME AND ADDRESS March F/ 4300 Wa	H West bash A auch as ca	192 Balt			Approximat
: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, abock, or heart falls disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a	and the deeth. Do not a sach line. A CONSEQUENCE OF: A CONSEQUENCE OF:	Cemetery 22. NAME AND ADDRESS March F/ 4300 Wa enter the mode of dying	H West	192 Balt	AUTOPSY MED?	24b. WE AMM	Approximat Interval Bet Onset and Onset and RE AUTOPSY FINI LIABLE PRIOR TO MPLETION OF CA DEATH?
MEDICAL	23. PART I. Enter the diseases, ahock, or heart falls immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and initiated events resulting in death) LAST	a. DUE TO (OR AS c. DUE TO (OR AS d. HOSPITAL:	and the deeth. Do not a such line. A CONSEQUENCE OF): A CONSEQUENCE OF): but not reculting in the consequence of the consequ	Cemetery 22. NAME AND ADDRESS March F/ 4300 Wa enter the mode of dying	H West	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE AMM	Approximat Interval Bet Onset and I Onset and I RE AUTOPSY FINIT MPLETION OF CAL DEATH?
MEDICAL	23. PART I. Enter the diseases, ahock, or heart falls immediate Condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and in the conditions of the	or complications that ceuse ira. List only one cause on a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. HOSPITAL: 1 Inpetient 2 ERVOut 28s. DATE OF INJURY	and the deeth. Do not a sach line. A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in the same of	22. NAME AND ADDRESS March F/ 4300 Wa enter the mode of dying 26. PLACE OF DEAT THER: Nursing Nome 5 Resid	on In Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WE AMO OF	Approximatinterval Bett Onset and I
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, abock, or heart falls immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS	ed the deeth. Do not a such line. A CONSEQUENCE OF): A CONSEQUENCE OF): but not reculting in the tention of the consequence	22. NAME AND ADDRESS March F/ 4300 Wa enter the mode of dying 25. PLACE OF DEAT THER: Nursing Nome 5 Resid 26. PLACE OF DEAT WORK? M 1 YES 2 N	on in Part I. H (Check only)	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WE AMM CO OF 1 [Approximat Interval Bet Onset and I Onset
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and initiated events resulting in death) LAST	or complications that couse irs. List only one cause on a DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Way) be be 28a. PLACE OF INJURY building, etc. (Social contents)	and the deeth. Do not a such line. A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in the such line.	22. NAME AND ADDRESS March F/ 4300 Wa enter the mode of dying 25. PLACE OF DEAT THER: Nursing Nome 5 Resid 26. PLACE OF DEAT WORK? M 1 YES 2 N	en In Part I. H (Check only ence 6 - Ott	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WE AMM CO OF 1 [Approximat Interval Bet Onset and I Onset
ETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart falls immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigated investigated investigated of Could not determine conditions.	or complications that ceuse ire. List only one cause on a BUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A HOSPITAL: 1 Inpetient 2 ER/Out 28e, DATE OF INJURY (Month, Day, West) be d 28e, PLACE OF INJURY (Month, Day, West) 4. Exercise ER/Out 28e, PLACE OF INJURY (Month, Day, West) Building, etc. (Special Control of the c	and the deeth. Do not a such line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not reculting in the such line. Ty—At home, farm, stree ocity.	22. NAME ANO ADDRESS March F/ 4300 Wa enter tha mode of dying 26. PLACE OF DEAT THER: Nursing Nome 5 Resid 26. INJURY AT WORK? M 1 YES 2 N 1, factory, office	or FACILITY H West hash f auch sa ca an In Part I. H (Check only ance 6 Ott 26d. Di 0	24a. WAS AN PERFOR 1 YES 2 One) CATION (Street at the or Town, State)	AUTOPSY MED? NO NJURY OCCUPANT OF THE PROPERTY OF THE PROPER	24b. WE AMM CO OF 1 [Approximat Interval Bet Onset and I Onset
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, ahock, or heart falls immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigated investigated investigated of Could not determine conditions.	or complications that ceuse irrs. List only one cause on a. But TO (OR AS DUE T	and the deeth. Do not a such line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not reculting in the such line. Ty—At home, farm, stree ocity.	22. NAME ANO ADDRESS March F/ 4300 Wa enter tha mode of dying 26. PLACE OF DEAT THER: Nursing Nome 5 Resid 26. INJURY AT WORK? M 1 YES 2 N 1, factory, office	on In Part I. M (Check only on In Part I. M (Check only on In Part I.) Adduct to the control of the time, de	24a. WAS AN PERFOR 1 YES 2 One) CATION (Street at the or Town, State)	AUTOPSY MED? NO NJURY OCCUPANT OCCUPAN	24b. WE AMM COO OF 1 [Approximatinterval Bet Onset and I Onset a

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the purial-transit narmir panes 1 2 serving
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

									92	03	3915
	92-0757-005 FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	TMENT	T OF H	EALTH AND DEATH	MENTAL HYG	IENE		7713
	1. DECEDENT'S NAME (First, Middle, Last)		CI	INTIF	ICATE	E OF	DEATH	2. DATE OF DEA	NO.		3. TIME OF DEATH
	Dalton MACDONALD Jones					MONTH DAY			YEAR 1992		
	4. SOCIAL SECURITY NUMBER	5. SEX	JOHES			1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTI	HPLACE (State or Foreign
	130-48-5393	1 🔀 M 2 🗌 F	56	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Ye		Wes	st Indes
	9a. FACILITY NAME (If not institution, give sti	reet and number)			9b. CITY	, TOWN C	R LOCATION OF D			UNTY OF	
DIRECTOR	4623 Pancea	Road			P :	ikes	ville		I	Balt	imore
REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION				10d. INSIDE CITY
5	Md. Balti	more		P	ikes	vil	le, Mar	rvland			LIMITS?
BY FUNERAL	10e. STREET AND NUMBER						ZIP CODE		10g. Cf	TIZEN OF	WHAT COUNTRY?
Ä	4623 Pancea R						21208			US	i A
5	11. MARITAL STATUS 1 Never Married 2X Married	12. WAS OECEDEN FORCES? 1	YES 2V N	MED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Speci	y Yaa or No-		E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			XXES	2 NO Specif	y:	,	Spec	illy:
0	15. OECEDENT'S EDUC		16a, DE	CEDENT'S	USUAL O	CCUPATIO		Indian	F BUSINESS/IN		nadian
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	(Gi	ve kind of v Do NOT us	vork done	during mo:	at of working	IOD. KIND O	DOSINESS/III	ibosin;	
APL	12	4		ales	s Co	uns	elor	Bur	ial C	emet	ery Assoc,
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, M		_	
BE (Alfred Jo	nes					Pear	cl Cron	e v		
TO	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	S (Street a	nd Number or Rural	Route Number, City of	r Town, State, Z	(ip Code)	M4J1Z1
-	Catherine Bain		1	69 5	Samm	on.	Ave. To	ronto	Ontar	io C	anada
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or										
	4 Donatton 5 Other (Specify) Mt. Pleasant Cemetery 2-17 Toronto Ontario C							ntario Can			
	21. SIGNATURE OF FUNERAL SERVICE LICE	-NSEE			22.	NAME AN	D ADDRESS OF FA	Chat	man &	Har	ris F.H.
	San	B.C	gli		1	701	McCul1	oh St.	Balta	ο.,	Md. 21217
	23 PART I. Enter the diseasea, or contains a shock, or heart feilure.	inplications that	csused the de	eth. Do n	ot enter	the mod	le of dying, auc	h ss cardiec or	respiratory a	rrest,	Approximate
	IMMEDIATE CAUSE (Final	21.	o on each mie.	1	/	1		A	1		Interval Between Onset and Death
	diaease or condition resulting in death)	MAN	GING O	rail	Cut	TING	LINU	do of	Neck	ordo	rectr
	diaease or condition										
NO N	Sequentially flet conditions, b.										
FA	if any, leading to immediate cause. Enter UNDERLYING										
TIFICATION	CAUSE (Disease or Injury C.	DUE TO	OR AS A CONSEC	UENCE OF	า:						
	reaulting in deeth) LAST										
핑	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL	PAHI II. Other significent conditions	contributing to	death but not re	sulting i	n the un	derlying	ceuae given in		S AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								S 2 NO		COMPLETION OF CAUSE OF DEATH?	
M								_ /			1 YES 2 NO
AN											
2	EXAMINER?										
17S	1 XYES 2 NO 27. MANNER OF DEATH	NO 1 □ Inpetient 2 □ ER/Outpetient 3 □ DOA 4 □ Nursing Home 5 X □									
	1 Natural 5 Pending	(Month, Da	y, Year)	28b. TIME		28c. INJU	IK?	Subjec			hanged
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	0 2 1 28e, PLACE OF	1992 INJURY — At hor	9:34	4 A		ES 2 🔀 NO	self			9
日	6 Could not be determined	building, i	rc. (Specify)	,,	mant, racti	ory, ornica		28f. LOCATION (Si City or Town,	State)		
COMPLETED	29a. CERTIFIER	at at	home						ncea		1
MP	298. CERTIFIER 1 CERTIFYING PHYSIC										
	2 MEDICAL EXAMINER 295 SENATURE AND TITLE OF CENTRERS	A STATE OF EX	and/of Ir	veetigatio	n, m my o	piriion, de			a, and dua to f	ha cause(a) and manner as stated.
BE	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ahol	m)				29c. LICENSE NUI	ABER	29d. DA	TE SIGNED	(Month, Day, Year)
2	THE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (TTEN	27) /5	Deine!		O.C.M	.Е.	0.2	12	1992

Substitution of the substi	to death but not	resulting in the u	inderlying ceuae given in P	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ② YES 2 □ NO	26. PLACE OF DEATH (Check only one)				
	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	3 DOA 4 Nu	R: Irsing Home 5X Residence 8	Other (Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get by	28a. DATE OF INJURY (Month, Day, Vear) O 2 1 1 1992 28a. PLACE OF INJURY — At IN-	28b. TIME OF INJURY 9:34AM	1 ☐ YES 2 🔀 NO	and Describe How INJURY OCCI Subject cut self	and hanged
4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, straet, factory, office building, stc. (Specify) at home			281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4623 Pancea Road	
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge d	anth assumed at the	dimendals and also as a		

AGENTURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day,
and willing	O.C.M.E.	02 12 1992

31. DATE FILED (Month, Day, Year)
FEB 1 3 1992

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	OR	that
	RECORDS, P.O	TENDING PHYSICIAN: The law requires that the death cert
	_	WB
	TA	The
	>	IAN:
1	ISION OF VITAL	PHYSIC
0	ON	NDING
	S	E

		G. KISI		KI			February 8 1992			TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-18-6998	5. SEX 1 M 2 X F	6. AGE (In yrs. lest		UNDER 1 YEAR NTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH 9-9-1921	w	BIRTHPLA COURTED EST	CE (State or Foreign VIRGINIA
98. FACILITY NAME (If not institution, give FRANKLIN SQUARE	,		96	R	OSSV.			Balt.		County
FRANKLIN SQUARE AESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARYLAND 10a. STREET AND NUMBER	ALTIMORE		10c. CITY, TO		TION EDGE			10g. CITIZEN	100	I. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 2315 RUTH AVENUE 11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	AED	13. WAS DE	CENDENT C	2121 OF HISPAN	NIC ORIGIN? (Specify Ye		U.S.	American Indian.
3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 THE	0	If yes, ap	2XXNO	n, Mexica Specifi	in, Puerto Rican, etc.)		Black, Wi Specify:	WHITE
(Specify only highest gra Elementary/Secondary (0-12) 3RD_GRADF						ng	16b. KIND OF BU	HOME		
JOSEPH JOHN GAY1	DOSH				K	ATIE	ME (First, Middle, Malden STANISLAU	IS		
JUSEPH JOHN GAYT 190. INFORMANT'S NAME (Type/Print) DEBAROH KISIELEU 200. METNOD OF DISPOSITION 1 ☑ Burfel 2 ☐ Cremation 3 ☐ Re			2315		VENU		LTIMORE, M		D	21219
23. PART I. Enter the diseases, De ahock, or heart failure immediate or condition resulting in death)	r complications that b. List only one case	t caused the dea	ath. Do not a	22. NAME A DUDA – 7922 anter the mo	ND ADDRE RUCK WISE ode of dy	FUN AVE	ERAL HOME NUF DUNDA	OF DUN	DALK	
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	bDUE TO	(OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUEN	UENCE OF):							
PART II. Other significant condition	one contributing to	death but not re	eulting in th	ne underlyin	g cause g	given in	Pert i. 24a. WAS AN PERFOI	RMED?	AVA COI OF	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
			107	26. PI			ack only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	-	ER/Outpatient 3 (DOA 4			aldence	a Other (Specify)			
EXAMINER?	1 ☐ Inpatient 2 ☐ 28e. DATE OF (Month, D) 28e. PLACE O	INJURY	28b. TIME OF	28c. INJ WC	URY AT ORK? YES 2		a ☐ Other (Specify) 28d. DESCRIBE NOW I 28t. LOCATION (Street City or Town, State)	and Number or I		Number,

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ronald Attanasio, M.D. 9000 Franklin Square Drive

2 1992

Ronald Attanasio, M.D.

21237

Baltimore MD

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, L		L L. KONDA	CU		2. DATE OF		YEA	
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	0	92	IRTHPLACE (State or Foreign
182-28-9233	1 □XM 2 □ F		MONTHS DAYS	HOURS MIN.	OI-I	4-35	Pi	ENNSYLVANIA
9a. FACILITY NAME (If not institution, g Dorchester	General Hos	spital		ridge,			OUNTY C	chester
RESIDENCE OF DECEDENT		100 0177	TOWN OR LOCAT	TON				10d. INSIDE CITY
PENNSYLVANIA		10c. G11,	СНА	MBERSBUR	:G			1 CXES 2 NO
2486 COUNTRY ROA	A D		101	ZIP CODE	201	10g.		S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 1 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	N/C OR/GIN? (— 14. F	RACE — American Indien, Black, White, etc. Specify: WHITE
15. DECEDENT'S	EDUCATION	16a, DECEDENT'S U	ISUAL OCCUPATION	ON .	16b. K/	IND OF BUSINESS	INDUSTE	
(Specify only highest (Elementary/Secondary (0-12)		(Give kind of we	ork done during mo	st of working	100.11	01 000		
12 YEARS	N/A	SGT. BAL	.TO. CO.	POLICE	DEPT.			
17. FATHER'S NAME (First, Middle, Less)					dle, Maiden Surnan	ne)	
JOSEPH KONDASH 190, INFORMANT'S NAME (Type/Print)		[MARY M				
LAWRENCE KONDAS	и			ond Number or Rural				21643
20e. METHOD OF DISPOSITION XX Burlel 2 Cremation 3		20b. PLACE AND DATE				20c. LOCATION		
4 Donetion 5 Other (Specify)	Removal from State	JAK LAWN C	EMETERY	2-12-1	992	BALTI	IMORI	E, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE							DALK INC.
23. PART I. Enter the diseases, shock, or heart feli	or complications that bear ure. List only one cause on	sed the deeth. Do no	7922	WISE AVE	NUE 1	DUNDALK	MD	21222
shock, or heert felili IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. HEPAT. DUE TO (OR A	eech line.	7922 of enter the mo	WISE AVE	NUE 1	DUNDALK	MD	21222 Approximete interval Between
shock, or heert feiling immediate CAUSE (Finel disease or condition	a. HEPATO DUE TO (OR AL DUE TO (OR AL C.	S A CONSEQUENCE, OF	7922 pt enter the mo	WISE AVE	NUE 1	DUNDALK	MD	21222 Approximete Interval Betwo
shock, or heert feli IMMEDIATE CAUSE (Finel disease or condition rasulting in deeth) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. HEPATO DUE TO (OR A) b. PAI COLOR DUE TO (OR A) c. DUE TO (OR A)	S A CONSEQUENCE OF	7922 pot enter the model LLIRE): (OS/S):	WISE AVE	th as cerdle	DUNDALK	MD v errest,	Approximete interval Betwee Onset and De Con
shock, or heert felicities and the sease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. HEPATA DUE TO (OR AL DUE TO (OR AL d	S A CONSEQUENCE OF	7922 of enter the model of the	WISE AVE	Part I. 2	DUNDALK c or reapiratory 44. WAS AN AUTOF PERFORMED?	MD v errest,	21222 Approximate interval Betwee Onset and De / CCC 4/CS 24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
shock, or heert felit IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a. HEPATA DUE TO (OR AL DUE TO (OR AL d	S A CONSEQUENCE OF	7922 of enter the model. LURE DESTS In the underlying 28. POTHER:	WISE AVE	Part I. 2	44. WAS AN AUTOF PERFORMED?	MD v errest,	21222 Approximate interval Betwee Onset and De / CCC 4/CCS 24b. WERE AUTOPSY FINDER ANALABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?
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shock, or heert feli IMMEDIATE CAUSE (Finel disease or condition rasulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 100 27. MANNER OF DEATH	a. List only one cause of Due to (or A) b. Due to (or A) Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A)	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in Dutpstient 3 DOA TY 28b. TIME INJU	7922 ot enter the mo LURE : :::::::::::::::::::::::::::::::::	WISE AVE de of dying, aud g ceuse given in LACE OF DEATH (C) no 5 Residence JURY AT PROPERTY YES 2 NO	Part I. 2 Deck only one) B Other (3) 28d. DESCI	4a. WAS AN AUTOP PERFORMED? YES 2 2-410	MD rerrest,	21222 Approximate interval Between Onset and De Conset an
shock, or heert felit IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Metural 5 Pending investigat 2 Accident 3 Suicide 8 Could no distarmine 29e. CERTIFIER (Check only) 1 CERTIFYING F	a. List only one cause of Due to (or A) b. Due to (or A) Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A) d. Due to (or A)	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in Dutpstlent 3 DOA RY 28b. TIME INJU URY — At home, farm, st poorly)	7 9 2 2 ot enter the mo LURE : 28. P OTHER: 4 Nursing Hon E OF 28c. IN. W M 1 treet, factory, officed d at the time, date	G ceuse given in LACE OF DEATH (C) LACE OF DEATH (C) LOURY AT JURY AT	Part I. 2 Deck only one) B Other (: 28d. DESC!	4a. WAS AN AUTON PERFORMED? YES 2 440 Specify) RIBE HOW INJURY TOWN, Street and Nu	MD r errest, PSY r occure mber or R	21222 Approximate interval Betwo Onset and De Conset and
shock, or heert felit IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Metural 5 Pending investigat 2 Accident 3 Suicide 8 Could no distarmine 29e. CERTIFIER (Check only) 1 CERTIFYING F	a. List only one cause of a. List only one cause of DUE TO (OR AL DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in Dutpstlent 3 DOA RY 28b. TIME INJU URY — At home, farm, st poorly)	7 9 2 2 ot enter the mo LURE : 28. P OTHER: 4 Nursing Hon E OF 28c. IN. W M 1 treet, factory, officed d at the time, date	G ceuse given in LACE OF DEATH (C) LACE OF DEATH (C) LOURY AT JURY AT	Part I. 2 heck only one) B Other (C) 28t. LOCAT City or	AL. WAS AN AUTOF PERFORMED? YES 2 AM Specify) RIBE HOW INJURY NOW, Street and Nu Rown, State)	MD r errest, PSY r occure mber or 8	21222 Approximate interval Betwee Onset and De Conset and
shock, or heert felit IMMEDIATE CAUSE (Finel disease or condition rasulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificent cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending investigs 3 Suicide 8 Could no datarmin 29e. CERTIFIER (Check only one) 1 CERTIFYING F	a. List only one cause of a. List only one cause of DUE TO (OR AL DUE TO	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in Dutpstlent 3 DOA RY 28b. TIME INJU URY — At home, farm, st poorly)	7 9 2 2 ot enter the mo LURE : :: :: :: :: :: :: :: :: :: :: :: ::	WISE AVE de of dying, aud g ceuse given in LACE OF DEATH (CI ne 5 Residence JURY AT PRO yers 2 NO re e end place, end du death occured at the	Part i. 2 Deck only one) Other (3) 28d. DESCT City or to the cause a time, date as	DUNDALK c or reapiratory 4a. WAS AN AUTOF PERFORMED? YES 2 440 Specify) RIBE HOW INJURY ION (Street and Nu Town, State)	PSY OCCURE	21222 Approximate interval Betwo Onset and De Conset and

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The Hospital of any be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
CERTIFICAT	E C	F DEAT	ГН		REG. NO.

	REGISTRAR		C	EHIIF	ICALE	UF	DEAL	П	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) WARREN	CALVIN		LATHE, SR.								YEAR 92	3. TIME OF DEATH 7:00 A M	
	4. SOCIAL SECURITY NUMBER 216-05-5184A	5. SEX 1 📉 M 2 🗍 F	8. AGE (In yrs. I	VDC			24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 06 07 1911		8. BIRTHPLACE (State or Foreign Country) MARYLAND				
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN (R LOCATIO	ON OF DE	ATH		9c. COUNTY OF DEATH			
OR	228 OBRECHT RD.				MIL	LERS	VILL	E			ANNE ARUNDEL			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	R LOCA	ION						10d. INSIDE CITY	
DIRECTOR		E ARUNDE	L	1	LLER	SVI	LLE					Inili	LIMITS? 1 YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER					10	. ZIP CODI						WHAT COUNTRY?	
ÿ	228 OBRECHT ROAD						2110					S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	VAYES 2	NO	- 0	If yes, sp		n, Mexicer	IIC ORIGIN? (Sp n, Puerto Ricen :		or No-	14. RACI Blac Spec	E — Amarican Indian, k, White, atc. #y: WHITE	
0	15. DECEDENT'S EDUC	ATION	16a. C	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	D OF BUS	INESS/IN	DUSTRY	***************************************	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of ite. Do NOT u	work done se retired.)	during mo	st of working	ng						
립	8	0		MIINT	CATIC)NS	TECHN	TCT/	AN DEPA	ARTMI	ENT	OF D	EFENSE	
0 0	17. FATHER'S NAME (First, Middle, Last)		W.E.A						ME (First, Middle					
	THOMAS B. LATHE						EI	T.A. F	HADEL					
) BE	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	S (Street			Poute Number, C	ity or Town	n, State, Z.	ip Code)		
2	WARREN C. LATHE.	.TR		228 (BREC	нт	ROAD	MTI	LLERSV	ILLE	. MD	2110	08	
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO					JEE TO V		_		own, Stata	
	1 Buriet 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	ovat from Stata		place) HAVE	J MEM	ORT	AT. PA	ARK 2	2-15	GLE	N BII	RNIE	. MD	
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE							NERAL			-		
	· If relien	Lum	اسر		- 1							IRNIE	, MD 21061	
	23. PART the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiretory erreat, interval Between Onset and Death disease or condition resulting in death) Duff to (or AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Should be a consequence of the consequence of													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. / LAWAY Julersh haf LUNG Hage LAST b. / LAWAY Julersh haf LUNG Hage LAST c. DUE TO (OR AS A CONSEQUENCE OF): d													
	PART II. Other aignificent condition	a contributing to	death but no	t resulting	In the u	nderlyln	g ceuse	given in	Part I. 24	. WAS AN		24	b. WERE AUTOPSY FINDINGS	
I: MEDICAL									10	PERFORMED? AM		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
¥	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF E	EATH (Ch	eck only one)					
25	EXAMINER? 1 VES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		no 5 8 A	esidence	8 Other (Sc	necify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. Tff	_	28c. IN	JURY AT		28d. DESCRE		NJURY O	CCURED		
BY	1 Neturat 5 Pending 2 Accident Investigation				M		YES 2 [NO						
3 Suicide 6 Could not be building, etc. (Specify) 28f. LOCATI City or 1								ON (Street own, State)		er or Rural	Route Number,			
COMPLET	Torribon only	CIAN: To the best of											(a) and manner as stated.	
BE	29b. SIGNATURE AND THE OF CERTIFIE	Mi	tin	2			29c, th	ENSE NUI	MBER 94		29d. DA	2///	(A) Come Your)	
5	30. NAME AND ADDRESS OF PERISON WHI	ord rd.	SE ON BEATH OF	De B	Print)	e l	yd.	121	06/			//		
	31. DATE FILED (Month, Day, Year) FFR 1 9 1002	Aulia Davis	AS SIGNATURE	delle		1		1						



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DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICAL IN THE WAR THE GREAT CENTIFICATE DE GRECURE WITHIN THE FUNERAL DIRECTOR: After this centrement in the death centificate be executed within 72 hours after death with the centrement of the properties of the pro

FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN							
1. DECEDENT'S NAME (First,	Migrain, Last) Mer, Sr			2. DATE OF DEATH	9 9	S. TIME OF DEATH					
4. SOCIAL SECURITY HUNDE 240 - 18 - 88	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. list birthday) F UNDER 1 YEAR F UNDER 24 HMS. 7. DATE OF BIR (Month, Day). 7. DATE OF BIR (Month, Day). 7. DATE OF BIR (Month, Day). 7. DATE OF BIR (Month, Day).										
	9a. EACILITY NAME (If not lipsellyston, give street and number) 9b. CITY, FORM OF LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH POUL FIRMORE RESIDENCE OF DECEDENT										
RESIDENCE OF DEC	10b. COUNTY	LOCATION	W .								
100. STREET AND NUMBER 2919 NO 11. MARITAL STATUS	rfolk Ave		101. ZIP CODE 2/2/3		10g. CITIZE	OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 1 1 1 Widowed 4 1 Divor	IF YES GIVE WAR OR DATE	2 2NO N	AS DECENDENT OF HISPA yea, specify Cuban, Mexic VES 2 NO Speci	an, Puerto Rican, etc.)	os or No 14	RACE — American Indian, Black, White, etc.					
15. DECE	highest grade completed)	ISe. DECEOENT'S USUAL OCC (Give kind of work done of life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BU	JSINESS/INDUS	TRY					
Elementary/Secondary (0-	folio, Last)	Carpe	18. MOTHER'S N.	AME (First, Middle, Maide	n Surname)	•					
19e, INFORMANT'S NAME (T)	DerFrint) Hiller	19b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode) - 2/2/(
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 4 Donation 5 Other	3 🗆 Removal from State	PLACE OF DISPOSITION (Name place)	Mey Ho	yk R	postion - cit	y or Town, State //S four Md					
21. SIGNATURE OF TUNERAL	SERVICE LICENSEE	12. N	AME AND ADORESS OF F	H. Wat	nch	Suc					
23. PART I. Enter the dis	seases, or complications that caused that fellure. List only one cause on each	the death. Do not enter t	he mode of dying, such	ch as cardiec or rea	piratory arrea	t, Approximate interval Between					
IMMEDIATE CAUSE (Findisease or condition resulting in death)	H 310	deles Como	ien			Onset and Death 3 yelus					
Sequentielly list condition		HIMMOS GIVEN				/					
cause. Enter UNDERLYIF CAUSE (Disease or Injur that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):									
	d										
PART II. Other significant	nt conditions contributing to death but	t not resulting in the unc	lerlying cause given in	Part i. 24a. WAS A PERFO	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
						1 TES 2 NO					
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	MEDICAL HOSPITAL:	OTHER	28. PLACE OF OEATH (C	heck only one)							
1 YES 2 NO	1 Inpetient 2 ER/Outpet	tient 3 DOA 4 Nursi	ing Home 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW	AN HARV COCK	nen					
- Contoner 3	Pending (Month, Day, Year)	INJURY M	WORK7 1 YES 2 NO	200. DESCRIBE NOW	INCOM! OCCO	neb					
3 Suicide 8 G		At home, farm, street, facto	ry, office	281, LOCATION (Stree City or Town, Stat	t and Number or	Rural Route Number,					
	FYING PHYSICIAN: To the best of my knowled CAL EXAMINER: On the basis of examination of										
296. SIGNATURE AND TITLE	OF CERTIFIER		DZ437	IMBER	29d. DATE !	BIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF	RSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)			0						
FFR 1 2 100	12 Par REGISTRAN'S SIGNAT	LINE									

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THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdat-ranks narming	In filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 Wilda Biser Miller Feb 02:10 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign DAYS 1 M 2 F HOURS 234-24-4429 YRS 80 Oct 17 1911 WV 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF DEATN DIRECTOR SACRED HEART HOSPITAL **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WV Mineral Burlington 1 - YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WNAT COUNTRY? Rt 1 Box 72 26710 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ≦ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married tt yes, specify Cuben, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) 9 Secretary/Clerk Dept of the Navy 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) George Ε. Biser Madora Welch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Preston R. Miller Box 72 Burlington, WV 26710 20a. METNOO OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Beaver Run Cemetery 2/8/92 Burlington, WV 26710 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rotruck Funeral Home 85 S. Main Street Keyser, WV 26726 23. PART I. Enter the disease, or complications that caused the deshock, or heart failure. List only one cause on each line. complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Dasth disesse or condition resulting in death) NEUMONITIS WKS PUE TO (OR AS A CONSEQUENCE OF):
TCUTE MONOCYTIC LEUKEMIA CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE ANEMIA 1 YES 2 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL:
15 Inpetiant 2 - ER/Outpetlant 3 - DOA OTHER: 1 - YES 2 740 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF tNJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 29a. CERTIFIER
(Check only one)

2 MENCAL EXAMMED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as attend. 2 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SHATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 2377 2-5 2

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32,,REGISTRAR'S SIGNATURE

whia Davidson-Randall.

31. DATE FILED (Month, Day, Year)

FEB 13 1992

DR. PAUL LIVENGOOD, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502

DHMN-16 Ray 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					-	2. DATE OF OEATN		T	3. TIME OF OEATN
	PERCY A.		PI	TTS	S	- 1	MONTH D/		YEAR	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest b)	irthday)	IF UNDER 1	YEAR	IF UNDER		02 1:	2 1	992	2:10 A.M
	214-36-8243 1×1120F	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	M Control or Foreign
	9a, FACILITY NAME (If not institution, give street and number)		Sh CITY	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					Har	
Œ	JOHNS HOPKINS HOSPITAL						**	yc. COUR	ITY OF DE	ATH
15	RESIDENCE OF DECEDENT		DILL	BALTIMORE CITY						
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	r, TOWN OF	LOCAT	ION					10d. INSIDE CITY
	Md- BATO	(hA.	50	2					MITS?
AL	10e. STREET AND NUMBER		, , , ,	_	. ZIP CODE			10g. CITE	ZEN OF WI	IAT COUNTRY?
FUNERAL	7017 MINNOW BRANCH Rd.				210	27		1	15	H
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME	:D	13. W	AS DEC	ENDENT O	F NISPANIC	ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian,
ВУ Р	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		14	yes, spe	2 NO	n, Maxican, Specify:	Puarlo Rican, etc.)	1122	Black,	White, alc.
	3 Widowed 4 Divorced				1	op.comy.			1374	KK
COMPLETED	15. DECEDENT'S EDUCATION 18a. DECEI (Specify only highest grade completed) (Give	DENT'S	USUAL OCI	CUPATIO	ON at of workin		166. KIND OF BUS	INESS/IND	USTRY	
Ш		NOT us	e retired.)		St OF WORKE	y				
Ā	L	700	RE	/ <						
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTN	ER'S NAME	(First, Middle, Maiden	Sumagna)		
BE	5NVESTER SMITH				15	RET	hA f	1115		
9	19a. INFO/MANT'S NAME (Type/Print)	AILING	ADDRESS	(Street a	nd Number	or Rural Rou	ite Number, City or Town	, State, Zip	Code)	1024
-	CATHERINE PITES 70	17	MIN	NOL	U./	RAN	ich Rd.	ChAS	- M	d
	20a, METNOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Removal from State	DATEO	F DISPOSIT	ION (Na	me of		DATE 20c. LO	ATION -	ity or Tow	n, Stata
	4 Donation 5 Other (Specify)	tory or oth	ner place)	2			2-15-82- 1	SA-11	3,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. N	AME AN	D ADDRES	S OF FACIL	ITY P. LAM.	wit	F	=/++
	· W. Brown		W	M. C	1:13	RELLA	LE MINO	~ (()	/ /	//'
	23. PART I. Enter the diseases, pr complications that caused the death	Do n		3,04	e Wi	NOR	MI AVE	<u> </u>		
	strock, of fleet failura. List only one cause on each line.	1. DO 11	or enter t	ne mo	ue Di ayıı	ng, such i	ia cardiac or reapii	atory arm	ent,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death
ł	resulting in death) a. ARTERIOSCLERO DUE TO (OR AS A CONSEQUE	TIC	CAR	DI	OVAS	CULA	R DISEA	SE		
_	DOE TO (OH AS A CONSCOUR	ENCE OF):							
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUE	NCE OF	١.							
Ä	If any, leading to immediate cause. Enter UNDERLYING	INOL OF	,.							
띮	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUE	NCE OF):							
E	resulting in death) LAST									i l
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MEDICAL	PART II. Other algnificant conditions contributing to death but not resu	ulting i	n the und	erlying	cauae g	iven in Pa	rt i. 24s. WAS AN A			VERE AUTOPSY FINDINGS
음							1 TES 3		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME							7	-A		F DEATH?
										123 2 100
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DE	ATN (Check	only one)			
PHYSICIAN:	1 X YES 2 NO 1 Inpatient 2 XER/Outpatient 3		OTHER:				Other (Specify)			
ž	27. MANNER OF DEATH 28a. DATE OF INJURY 24	8b. TIME	OF 2	Bc. INJL	JRY AT		d. DESCRIBE NOW IN	JURY OCC	URED	
ВУ	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	M	1 Y	RK?					
	3 Suicide a Could not be 28a. PLACE OF INJURY — At home,	form, st	reet, factor				of. LOCATION (Street as	nd Number (or Rumi Bou	ite Number
COMPLETED	4 Nomicide determined building, atc. (Specify)						City or Town, State)			To the state of
7	29a. CERTIFIER									
\$	(Check only 1 CERTIFYING PNYSICIAN: To the beat of my knowledge, death one) 2 X MEDICAL EXAMINER: On the beats of examination and/or investigation.	occurred	to my and	e, data :	and place,	and due to	the cause(a) and mani	er aa stste	d.	
	296- SIGNATURE AND TITLE OF CENTRER /	angenor	, at my opi	mon, de	ath occurs	or art tries tells	e, data and place, and	dua to tha	cause(s) a	and manner as stated.
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e retained t	pinous 5 a		TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH William Ray RADER February 10 1992 11:36 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 24 MAY 1921 IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) Red Star. 1 X M 2 F 530-05-6763 70 West Virginia 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR POCTORS Community Hospital Lanham Prince George 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Lanham 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 9412 Sheridan Street 20706 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced WW II US Army White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5+) 8 Facilities Engineer Surburban Bank 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roy Cleveland Rader Mary E. Bennett BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9412 Sheridan Street, Lanham, MD 20706 Irene Bernath Rader (Wife) 20g, METHOD OF DISPOSITION
1 M Burgat 2 Commatton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1992 Blue Ridge Memorial Gard. Prosperity, W. Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Tyree Funeral Home 701 Highway 21, Mount Hope, WV 25880 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, ahock, or heart fi m. List only one couse on each line. Interval Between IMMEDIATE CAUSE (Firlal Onset and Deeth disease or condition / Prevania

DUE TO (OR AS A CONSEQUENCE OF): weels reaulting in death) disease Black lung CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury Congestive heart our TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY fibillation and ventricular 1 YES 2 10 OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER 1 YES 21 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation м t YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and mariner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. CATE SIGNED (Month, Day, Year) En D35820 10 92 ANO AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) reter Eckberg 14300 Gallant Fox Lane #110 Bowie

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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as the burial-transit permit. Pages 1, 2, 3 should

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CERTIFICATION

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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	16 Hom 90 is marginal as its an 92 should be in inclined the determination and the control of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) ROBERT A. ROSE 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR JE LINDER 24 HRS. 1 XM 2 F 223-05-7426 77 YRS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 10718 Saint Paul Street Kensington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Virginia Enrico County Richmond 10e. STREET AND NUMBER 10f. ZIP CODE 5612 Charles City Road 23231 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 1 Never Married Married If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify:

Unknown

College (1-4 or 5+)

2. DATE OF DEATH MONTH 02/ 07 3. TIME OF DEATH 92 07/ 7:00 A. 7. DATE OF BIRTH
(Month, Day, Year)
27 FEB 14 8. BIRTHPLACE (State or Foreign Richmond, VA 9c. COUNTY OF DEATH Montgomery 10d, INSIDE CITY LIMITS? 1 TYES 2 NO

> 14. RACE — American Indian, Black, White, etc. Specify: White

10g. CITIZEN OF WHAT COUNTRY?

United States

16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY

United Methodist Church 16. MOTHER'S NAME (First, Middle, Maiden Surneme)

Minister

Not Available 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)

5612 Charles City Road, Richmond, VA 23231

206. PLACE AND DATE OF DISPOSITION (Name of competer), cremetory, or other place)
West Hampton Memorial Park 1992 Enrico Co., Virginia 20b. PLACE AND DATE OF DISPOSITION (Name of #M00690 22. NAME AND ADDRESS OF FACILITY

Nelsen Funeral Home, 4650 S. Laburnum, Ave. Richmond, Virginia 23231

23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseese or condition malo resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

Onset and Death 6 Mos.

Approximate interval Between

Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or Injury that initiated events resulting in deeth) LAST

25. WAS CASE REFERRED TO MEDICAL

1 YES 2 XNO

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Not Available

Robert Rose

15. DECEDENT'S EDUCATION

(Specify only highest grade comp

20e, METHOD OF DISPOSITION
1\(\tilde{\Sigma}\) Buriel 2 \(\tilde{\Commute}\) Cremetion 3 \(\tilde{\Sigma}\) Removal from State

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO OF DEATH?

1 TES 2 NO 26. PLACE OF DEATH (Check only one)

1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1XX Natural 1 YES 2 NO 2 Accident Investigation 3 Suicide

28e. PLACE OF INJURY — At home, farm, street, factory, office building, efc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide

1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and menner as stated.

033293

296. SIGNATURE AND THE PERPIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OTHER:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

M.D., Smith, 5401 Western Avenue, Washington, D.C. 20015

31. DATE FILED (Month, Day, Year) FEB 1 3 1992 he Davidson-Randale

32. REGISTRAR'S SIGNATURE

February 9, 1992

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. — after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mertal Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92-0703-005	21,200,1	D,C,Q,E,I	per MEO G-	684 2/28/92 gn	
FOR	-				

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Play Mar)						
DAVID CHARLES SCHMIER 02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Mouth Day March	DAY Y	3. TIME OF DEATH				
Month Day Mari	0 199	92 9:05 P.M				
21/ QQ QQ 76 1 X M 2 F 27 YRS. MONTHS DAYS HOURS MIN. (Months, DAYS HOURS MIN. (Months) C 26 C L		BIRTHPLACE (State or Foreign Country)				
214-88-8970 - 27 6-26-64		MARYLAND				
Solution of Scaling	9c. COUNTY	I MORE				
206 LONNYBROOK LANE APT C TOWSON	DALI	IMUKE				
2 0 6 DONNYBROOK LANE APT C TOWSON RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND BALTIMORE TOWSON		10d. INSIDE CITY LIMITS?				
	1	1 TES 2 NO				
108. STREET AND NUMBER 206 APT. C DONNYBROOK LANE 21204	U.S.	OF WHAT COUNTRY?				
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify						
IF VES CIVE WAS OR DATES		RACE — American Indian, Black, White, etc. Specify:				
m 3 Widowed 4 Divorced		WHITE				
15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 17b. KINO OF E	USINESS/INOUS	TRY				
Elementery/Secondary (0-12) College (1-4 or 5+) 12 College (1-4 or 5+) ANIMAL TECHNICIAN ANIMAL	L EMERG	ENCY CENTER				
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GORDON E. SCHMIER VIRGINIA A. MET	TEE					
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 7		,				
GORDON E. SCHMIER 764 HERALD HARBOR RD. CROWNSVILLE, MD 20a. METHOD OF DISPOSITION 1 N Burlet 2 Cremation 3 Removel from State 20b. PLACE AND DATE Of DISPOSITION (Name of completely cremeters) of other places.						
SINGLETON FUNERAL HOM						
1 SECOND AVE. S.W. GL						
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or resahock, or haert fallure. List only one cause on each line.	piretory arrest	, Approximete Interval Between				
IMMEDIATE CAUSE (Final						
dlaeese or condition Phenobarbital intoxication		Onset and Death				
diacese or condition Phenobarbital intoxication OUE TO (OR AS A CONSCOUENCE OF):						
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IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First, Middle, Last)			-1111	ICATE C	, DEA	WI (T	REG. NO	J	3. TIME OF DEATN		
	Maude Marie	Snyder	•					Feb. 10,	M71992	YEAR S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 412 28 5164	5. SEX	6. AGE (in yrs. ia	st birthday) YRS.	IF UNDER 1 YEA		ER 24 HRS.	7. DATE OF BIRTH	910	BIRTHPLACE (State or Foreign Fountry) Tenn.		
TOR	90. FACILITY NAME (If not institution, give				яь. сту, тоу Міd	dle R		EATH		TY OF DEATN Baltimore		
DIRECTOR	Md. 106, COUNT	imore			Y, TOWN OR LO		r			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 45 Salix Court	_				101. ZIP CO	DE 2122(0		EN OF WHAT COUNTRY?		
B	11. MARITAL STATUS TO Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 TO MAR OR OATES		It yes	SPECENDENT SPECIFY Cut (ES 2 NO	oen, Mexica	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.)	e or No-	14. RACE — American Indian, Black, White, atc. Specify: White		
LETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	ECEDENT'S Silve kind of the Do NOT us		ATION most of work	king	16b. KIND OF BU	lorist			
COMPL	17. FATHER'S NAME (First, Middle, Lest)			Datool	61	18 MO	THEB'S NA	ME (First, Middle, Malder				
BE C	Hiram S	Snyder				16. 110	Cora		i Sumame)			
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 45 Salix Court Balto., MD 21220											
	20a. METNOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, Md. 23221											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart feliure. List only one cause on each line. Approximate interval Batween Onset and Death of the provided interval Batween Onset and Death onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided interval Batween Onset and Death of the provided in											
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SIC	28. PLACE OF DEATN (Check only one) 1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)											
ву РНУ	27. MANNER OF PEATH 28a. DATE OF INJURY Netural 5 Pending Investigation Investigation Netural Pending Investigation P											
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, fectory, office 4 Nomicide detarmined 28e. PLACE OF INJURY — At home, term, street, fectory, office City or Town, State)											
I III	29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the basis of examination and/or in properties. In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
OMPLE	286. SHOWER AND TITLE OF CENTRED											
TO BE COMPLETED	286 SHOWNETHER AND TITLE OF CENTIFES	alt	SE OF DEATH (ITS	H 27 (3m-	Drive)	11	70	.901	12	111/92		
B		O COMPLETED CAU				Dr. B	altir	901 nore. MD 2	1237	111/92		
BE	286. SICHATURE AND TITLE OF CENTIFES	O COMPLETED CAU		ankli	n Sq.	Dr. B	altin	nore, MD 2	1237	411/92		

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the first pass been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and wental Hygiene prior to burial, cremation, or removal.

The process of the process and injury, or other traumatic event, the medical examiner must be notified at once.

THE HOPPING OF ATTENDED PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNETAL DIRECTOR AND THE STATE OF THE STATE OF THE STATE OF THE PARENT OF THE PARENT OF THE PARENT OF THE PARENT OF THE PARENT OF THE PARENT OF THE STATE OF THE STAT
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IMPORTANT: II

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEN REG. NO	_	F . T			
į	1. DECEDENT'S NAME (First, Middle, Last)	Mate	n w	normton	2. DATE OF DEATH DO					
	4. SOCIAL SECURITY NUMBER 213-07-(0869	5. SEX 8. AGE (1	The second second second	NOER 1 YEAR IF UNDER 24 HRS, HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign puntry) W. C.			
OR	Se. FACILITY NAME (If not institution, give to			CITY, TOWN OR LOCATION OF D		9c. COUNTY C	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	Y	Inc CITY TO	VN OR LOCATION			10d. INSIDE CITY			
	MD			timore			LIMITS?			
	10e. STREET AND NUMBER	,	Cae.	101. ZIP CODE	LIA I	10g. CITIZEN	OF WHAT COUNTRY?			
	4024 Wood	I mare Ar	1.2	212	,15	1	1. S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Ovorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2°☑NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specific	en, Puerto Ricen, etc.)		Black, White, etc.			
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	18b. KIND OF BU	SINESS/INDUST	NY .			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Martha Noble									
2	190, INFORMANT'S NAME (Typo/Print)	Kins	196. MAILING ADDI	RESS (Street and Number or Flural WOOdHere	Ave Ba	on, State, Zip Code	21215			
	20a. METHOD OF DISPOSITION 1 by Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		PLACE AND DATE OF I		DATE 200. LC	Batto L				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE	ch	22. NAME AND ADDRESS OF F. March F. H.	west 00 Walpas	ch Au				
	23. PART I. Enter the diseases, or			nter the mode of dying, su	ch as cardiac or resp	Iratory arreat,	Approximate			
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Curdio Pul DUE TO (OR AS A		vest			Interval Between Onset and Death			
z	Tension Preumo Durin Left									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): The consequence of the conse									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A. Preymenie + Prespiratory Failure									
	PART II. Other algnificent condition	na contributing to deeth b	ut not resulting in th	a undarlying ceuse givan ir			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL	Dr Paretti of Medical Examinar Office was 10 yes 20 NO Contacted + Dey declined The Case.									
Ž	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		100000			
S S	EXAMINER?	HOSPITAL:		HER: Nursing Home 5 - Residence						
PHYSICIAN: MED	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	OW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY	/ — Al home, farm, street		281. LOCATION (Street City or Town, State	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	Constant Orley	·		the ilme, data and place, and du			use(a) and menner as stated.			
BE	296. BIONATURE AND TITLE OF CERTURE	m	MI MARKET IN	29c. UCENSE NO	266	29d, DATE SI	ONED (Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	DIL COUN	it Rd. Balto.	mp 2120	8				
		fully Davidson-No		70-			577			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physic by the funeral director, page 5 should be detached for use as the burial
be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICATE	OF DEATH	REG. NO.						
ZORRO TAT	ELON			2. DATE OF DEATH DAY 2-7-92	YEAR	3. TIME OF OEATH 8:30 P				
4. SOCIAL SECURITY NUMBER 218-05-4315 9a. FACILITY NAME (If not institution, give s	8. AGE (in yrs. in	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTH Count					
CHURCH HOSPIT			LTIMORE C			2011				
10a. STATE 10b. COUNTY	Y	10c. CITY, TOWN OF	LOCATION (10d. INSIDE CITY LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER	Kenword A	ne	101. ZIP CODE	10	g. CITIZEN OF	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	MO II	AS DECENDENT OF HISPAN yes, specify Cubar, Mexica YES 2 NO Specify		No 14. RACI Blac Spec	E - American Indian, k, White, stc. Hy: RLack				
15. DECEDENT'S EDU (Specify only highest grade Elements (Becondary (0-12)	completed) ((ECEDENT'S USUAL OCC Give kind of work done do b. De NOT use retired.)	ring most of working	16b, KIND OF BUSINI	SS/INDUSTRY					
17. FATHER SALAME (First, Middle, Last)		10.000		ME (First, Middle, Maiden Sun	name)					
190. INFORMANT'S NAME (Sporprint)	Jenry "	96. MAILING ADDRESS	Street and Number or Rural I	Route Number, City or Town, S	tete, Zip Gode)					
20s. METHOD OF DISPOSITION 1										
21. SIGNATURE OF FUNERAL SERVICE LIN	Phille	22. N	seff Milke	KPH 16	39 M	levay				
23. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	RESPIRATORY B. DUE to (OR AS A CONSI	FAILUF	Œ	- MI		Approximate interval Between Onset and De				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. OUE TO (OR AS A CONSI	EOUENCE OF):								
if any, leading to immediate cause. Enter UNDERLYING	c. OUE TO (OR AS A CONSI		· Kest	Part I. 24a. WAS AN AU PERFORME	D?	AVAILABLE PRIOR TO				
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART, II. Other significant condition to the condition of the cause of the	c. OUE TO (OR AS A CONSI		· Kest	PERFORME 1 VES 2	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 175. YES 2 \(\square\$ NO	c. OUE TO (OR AS A CONSI	reaulting in the und	28. PLACE OF OEATH (Ch	PERFORME 1 YES 2 S eeck only one) 6 Other (Specify)	₹NO	COMPLETION OF CAUSE OF DEATH?				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 11 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation	C. OUE TO (OR AS A CONSI	Teaulting in the und	28. PLACE OF OEATH (Ch.: ing Home 5 Residence 28c. th/JURY AT WORK? 1 YES 2 NO	PERFORME 1 YES 2 S eck only one) 6 Other (Specify) 28d. OESCRIBE HOW INJU 28t. LOCATION (Street and	JRY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART, II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	C. OUE TO (OR AS A CONSI	3 DOA OTHER 26b. TIME OF INJURY M home, farm, street, factor death occurred at the time of the street of the street of the street occurred at the time of the street occurred at the st	28. PLACE OF OEATH (Ch. ing Home 5 Residence 28c, RNJURY AT WORK? 1 YES 2 NO ry, office	PERFORME 1 YES 2 S 6 Other (Specify) 28d. OESCRIBE HOW INJU 28t. LOCATION (Street and City or Town, State)	JRY OCCURED Number or Rural r se stated.	AWALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART, II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturat 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	C. OUE TO (OR AS A CONSI d	Treaulting in the under th	28. PLACE OF OEATH (Ch. ing Home 5 Residence 28c, RNJURY AT WORK? 1 YES 2 NO ry, office	PERFORME 1 YES 2 S 1 YES 2 S 1 Other (Specify) 28d. OESCRIBE HOW INJU 28t. LOCATION (Street and City or Town, State) 1 to the cause(a) and manner 1 time, date and place, and delivered and city or time.	JRY OCCURED Number or Rural r as stated,	AWALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO				

13017 5.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

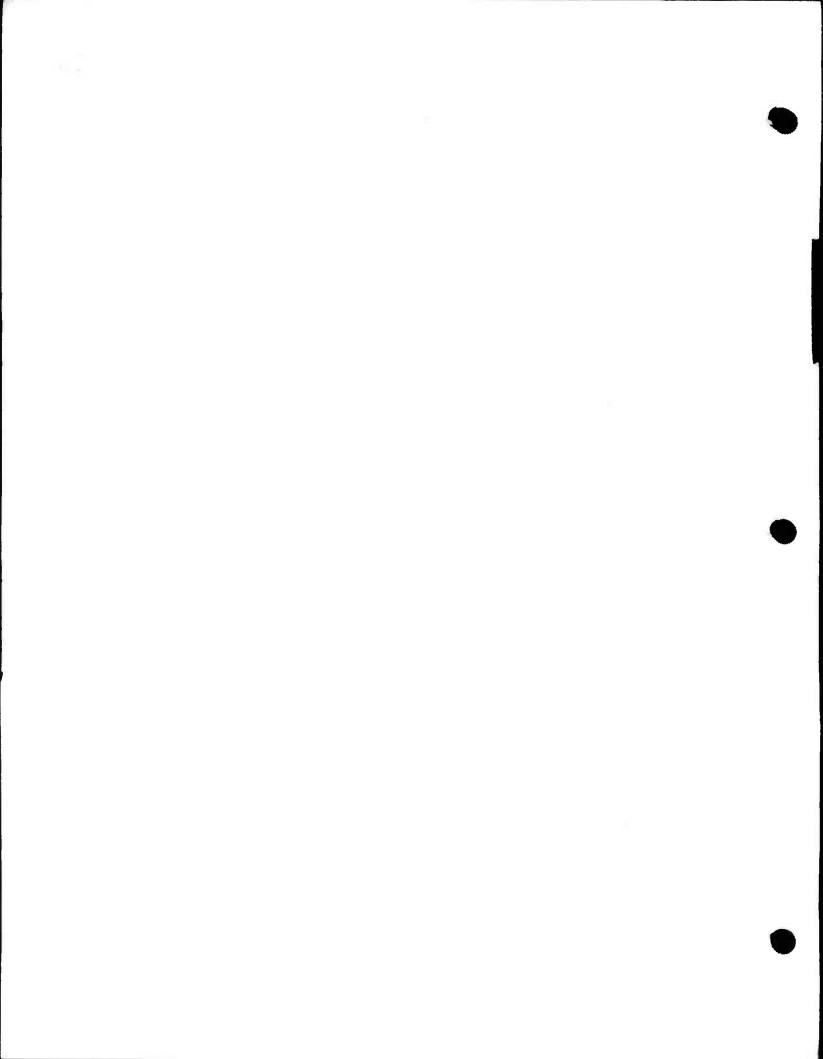
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN													
	m1							MONTH DAY YEAR			(S) (S) (S) (S) (S) (S) (S) (S) (S) (S)			
	Thomas Antony				Wadden				February 4, 1			6:40p™		
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. last birthday	MONTH	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, E	BIRTN Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
	577-18-9032		1 🗷 M 2 🗌 F		69 YRS.	WONTER	- Lanis	Hoons	wire.	July	23, 1	922	Sout	"Souix Falls h Dakota
	9a, FACILITY NAME (If not in	stitution, give a	treet and number)			9b, Çi	TY, TOWN	OR LOCATI	ON OF DE				NTY OF D	
<u>۳</u>	NIH, THE C	LINICA	I. CENTER			В	ethe	sda.				Mont	gome	rv
ĸ	RESIDENCE OF DEC		EL CENTER			1	- C C II C I	Judy,				11011	Some	- L y
DIRECTOR	ton. STATE	10b. COUNTY	r		10c, C	ITY, TOWI	N OR LOCA	TION						10d. INSIDE CITY LIMITS?
6	DC		None		W	ASHI	NGTO	N						1 YES 2 NO
	10e. STREET AND NUMBER						10	f. ZIP COD	E	349		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	4530 Cathedral Ave, NW 20016 USA													
Ž	11. MARITAL STATUS	101 111	12. WAS DECEDEN	LEVER IN U.	S. ARMED	1				NIC ORIGIN?	Specify Yes			E — American Indian.
E	1 - Never Married 2	Merried	FORCES? 1.	YES :	2 NO			ecify Cubi		in, Puarlo Ric	an, atc.)			k, White, etc.
B	3 Widowed 4 Divo	rced	WW II	AR OR DATE	3		1 160	2 DA NO	Specif	у:			Spec WHI	
	15, DEC	EDENT'S EDU		16	ia. DECEDENT	'S USUAL	OCCUPATI	ON		16b. K	IND OF BUS	SINESS/IN	_	.11.
Ë	(Specify only	y highest grade	completed)		(Give kind o	f work do	ne during m	ost of world	ing		OUT TOOTHE			
7	Elamentary/Secondary (0)-t2)	College (1-4 or 5+)	A++0	rn o u	_ A +_1			T	udici	0.1		
COMPLETED			JT		ALLO	They	-At-	_						
္ပ	17. FATNER'S NAME (First, M		_							AME (First, Mid	ldle, Maiden	Sumame)		
BE	Thomas A.		Sr.		Annie Po									
0	t9a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, C									
F	Mary Lloyd	Wadden	(wife)		4530	Cat	hedra	al Av	ne, N	W, Wa	shing	gton,	DC	20016
	201, METNOD OF DISPOSIT	ION		20b. Pl	LACE OF DISP	OSITION	(Name of ca	metery, cre	matory or		20c. LO	CATION -	City or To	own, Stata
	20a, METNOD OF DISPOSITION 1							8/1992	Pete	ersbi	ire.	Virginia		
	21. SIGNATURE OF FUNERA		CENSEE #MOO	690	narora	22. NAME AND ADDRESS OF FACILI			CILITY				7 11 11 11 11 11	
			^	370			Hamner-McMillan Funeral Home							
203 N. Main Street, Blackstone 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									one,	VA 23824				
									reat,	Approximate				
			List only one cau	se on eaci	n iine.									interval Between Onset and Death
	I IMMEDIALE CAUSE (FIRM													
	disease or condition a. Cardio respiratory Arrest Due to (or as a consequence of:													
S I	Sequentially list conditions, Due to (or as a consequence of):													
F	If any, leading to immediate													
ರ	cause. Enter UNDERLYING Chronic hepatitis B Due to (or as a consequence of):													
	that initiated events DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST						PF):						j	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST B. IT EPATIC CITTLES IS DUE TO (OR AS A CONSEQUENCE OF): C. LITTLES IS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
							241	b. WERE AUTOPSY FINDINGS						
₹										PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă									1 X YES 2 NO			OF DEATH?		
MEDICAL														1 ☐ YES - 1 NO
¥.	25. WAS CASE REFERRED T	O MEDICAL						LACE OF	DEATH (C	heck only one)				
PHYSICIAN:	1 YES 2 NO	EXAMINER? HOSPITAL: OTHER: OTHER:												
Η	27, MANNER OF DEATH		28a. DATE OF	INJURY	28b. 1	IME OF	28c. IN	JURY AT		_		INJURY O	CURED	
	1 Natural 5 🗌	Pending	(Month, D	ay; Year)		NJURY	W	ORK? YES 2	□ NO	28d. DEŞCRIBE NOW INJURY OCCURED				
ВУ	2 Accident Investigation									261. LOCATION (Street and Number or Rural Route Number,				Flourin Mumber
8	3 Suicide 6 Homicide	Could not be determined		etc. (Specify)		ii, street,	ractory, oth	C.		City or	Town, State)	e or nurer	nodie ivamber,
E										L	Ļ			
7	29a. CERTIFIER 1 CER	TIFYING PNYS	ICIAN: To the best of	my knowled	ge, death occ	urred at th	he time, dat	e and plac	e, and du	e to the cause	e(a) and ma	nner aa st	nted.	
M	enel.													a) and manner as stated.
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) of the cause (a) of the c									DEMOS MIL			L 004 D4	TE OLONE	D. African Dev. March
									ernm	ent Ir	ıst.	298. UA	SIGNE	(Month, Day, Year)
	296. SIGNATURE AND TITLE OF CENTRE AND THE SIGNED (60017				
BE	M	NI	Whil N.	0				/ /	3 /	60011			-151	142
	30. NAME AND ADDRESS O	F PERSON WI	A COURT OF THE PARTY OF THE PAR				· · · · · ·						~15/	142
BE	M	F PERSON WI	A COURT OF THE PARTY OF THE PAR				ke, I				20892		~15/	/42
BE	30. NAME AND ADDRESS O	Fried Year)	A COURT OF THE PARTY OF THE PAR	0 Roc	ckvill		ke, I				20892		~15/	/42



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DIVISION OF VITAL RECORDS, P.O.	CIPIAN. The last requires that the death analthough
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		1.200011001				CENTIF	ICALE	UF	DEAL	П		REG. NO.			
		1. DECEDENT'S NAME (First	- 1	wester	(N	iddle	Name	Ws	atson')	2. DATE MONTE	OF DEATH	W	YEAR	. TIME OF OEATH
		4. SOCIAL MECURITY NUMBER		5. SEX		s. last birthday)					2	8		992	133A M
		214-07-0415		1X M 2 F	77	s. wast curtinally) YRS.	MONTHS	DAYS	HOURS 2	MIN.	(Montt	OF BIRTH	- 1	Country)	LACE (State or Foreign
3 should		9a. FACILITY NAME (# not in		treet and number)			9b. CITY.	TOWN (OR LOCATIO			SEP 191	9c. COUNT	Virgi	
2, 3 s	S S	Suburban Ho	spital					thes		0. 02.			1		
S.	ECTOR	RESIDENCE OF DEC											HOII	-gome	ery County
Page	DIRE	Maryland		omery Co			TY, TOWN OF							1	Od. INSIDE CITY LIMITS?
emit		10e. STREET AND NUMBER	Honeg	onery co	uncy	5:	llver	_	ring						YES 2 X NO
nsit p	ER/	9309 Sligo	Creek	Parkway				1.0	2090						AT COUNTRY?
physician. burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13. W	AS DEC	ENDENT OF	F HISPANIC	ORIGIN	? (Specify Yaa		4. RACE -	tates - American Indian,
ling phy the bur	BY	1 Never Merried 2 S		IF YES, GIVE W			11	yes, sp	ecify Cuben, 2 X NO	i, Maxican,	Puerto F	tican, etc.)		Black, Specify:	White, atc.
r attendir use as ti	ED		EDENT'S EDUC		US Arm	DECEDENT'S	1101141 00	210171			T. S			Whi	te
or use	13	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5 -		(Give kind of life. Do NOT u	work done di	iring mo	ON ost of working	7	16b.	KIND OF BUS	INESS/INDU	STRY	
by the hospital of the detached for	릴		12)	Conege (1-4 or 5 4		Transp	ortat	ior	Spec	ciali	ist	Rail	road		
detach	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)									Aiddle, Maiden S			
d by	i u	Earl Wolve:		Sr.					Lena	a Gra	ands	taff			
5 should	2	19a. INFORMANT'S NAME (7)										er, City or Town			
after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran moval.		Bonnie Smitl		aughter)						Edir	nbur	g, VA	2282	.4	
leath. Page 6 may be funeral director, page xaminer must be		1 XBurial 2 Crematio	n 3 🗆 Ramo	oval from Stata	20b. PLA cemelery	ceand date crematory or c Set Vi	OF DISPOSIT	ION (Ne	nme of		DATE	20c. LOC	CATION — CI	•	•
Page dire		21. SIGNATURE OF FUNERAL		ENSEE #MOI	- Sun 0690	set Vi			TIAL (94 Wo	odsto	ck,	VA
death. Pag funeral di f.		► \\\ \	-14/	10	0090		De	211i	inger	Fune	eral	Home			22664
ins after de in by the fi removal.		23. PART I. Enter the distance of her	0011	1. Cous	S		15	7 N	North	Mair	n St	reet,	Woods	tock	, VA
within 24 hou pletely filled i cremation, or nent, the ma		shock, or he iMMEDIATE CAUSE (Fin disease or condition reaulting in deeth)	ort failure. I	i	reb	line.	lar					tyse		it,	Approximate interval Between Onset and Death
siciar prior		Sequantially list condition if any, leading to immediate. Enter UNDERLYIF CAUSE (Disease or Injure)	liate NG	DUE TO	(OR AS A CON	ISEOUENCE O	F):								
th cert ending i Hygie or ott	빙	that initiated eventa reaulting in death) LAST		l		ISEOUENCE O									
in the the	DICAL	PART II. Other aignificer			death but no	ot resulting	in the und	erlying	cause giv	ven in Pa	art i.	24a. WAS AN A PERFORM		24b. W	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
een signed by of Health an	ğ	seyen									_	1 TES 2		CC	OMPLETION OF CAUSE F DEATH?
requires been sign of Healt	ME	King C.	anu	metry	July						_			1	YES 2 NO
has b	AN	25. WAS CASE REFERRED TO	MEDICAL												
Sicians: The law requestificate has been the State Dept. of them 23 sho	SICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient	3 □ DOA	OTHER:		ACE OF DEA						
s certification that the	≥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF 2	8c. INJL	JRY AT			(Specify)	JURY OCCUI	RED	
DR AI TEMBING PHYSICIAN: The law DIRECTOR: After this certificate has b cours after death with the State Dept. tem 28 is marked, or item 23	BY		ending nvestigation	(Month, Da	ry, rear)	INJ	URY M	1 Y	RK? ES 2 🗌 I	- 1					
DIRECTOR: After hours after death term 28 is mai		3 Suicide 8 D	ould not be	28e. PLACE OF building, a	INJURY — AI	home, farm, s	treet, factor	y, offica		20	81. LOCA	TION (Street an	d Number or	Rural Roul	e Number,
DIRECTOR hours after 28	ETE		elermined								Oily Oi	nown, state)			
N.F.	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFICATION CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	IAN: To the beat of ex	my knowledge, amination end	death occurre for investigation	n, in my opi	e, date i	end place, a	and due lo	the caus	e(a) end mann and place, and	or an ataled.	ause(a) ar	nd manner as stated.
()	BE (296. SIGNATURE AND THE	OF CERTIFIER	7 911				Т	29c. L/CENS	SE NUMBE	ER		29d. DATE S	IGNED (M	prith, Day, Year)
28	9	gra	end c	1. 10 a	N) 1	9			9	1239	//		2	1/8/	92
5		David	A. BI	assmo	9410	da		701	tour 1	PJ.	1.	3 therd	a, Mo	1, 1	20814
		FEB 13 19		32. REGISTRAF	S SIGNATURI	J. 00									
	الــــا		6	7 - www.	cor-yan	ment.									DHMH-18 Rev 1/89
															UMMH-18 Rev 1/80

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF DEAT	H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) LEVI Wi	ISON		2. DAT	TE OF DEATH DAY	YEAR 97	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AC	GE (in yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS. 7. 1	1-19-31	Country	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) 7035 MINNOW BRANCH	Rd.	96. CITY, TOWN OR LOCATION OF LOCATION	ON OF DEATH	9c.	COUNTY OF DE	
DIRECTOR	10a. STATE 10b. COUNTY BALLMOR	10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2035 MINNOW BRA	NCh Re	101. ZIP CODE	2/02			THAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 2 Married IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT O	F HISPANIC ORIO n, Mexican, Puert Specify:	DIN? (Specify Yea or No o Rican, atc.)	14. RACE Block Specifi	- American Indian, , White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coflege (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most of working retired.) FINASher	9	6b. KIND OF BUSINESS	B/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last)			IER'S NAME (First	, Mildle, Malden Surner		
TO BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILINO	ADDRESS (Street end Number	or Rundi Route Nu			MA
		20b. PLACE AND DATE Cornetery, degratory of old	OF DISPOSITION (Name of their plage)	2)	TE 20c. LOCATIO	N — City or Ton	wn, Stata M. d.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE March Brown		22. NAME AND ADDRES BROWN C 1206 W		NITY FI	7	
	23. PART I. Enter the diseases, or complications that causehook, or heert feiture. List only one ceuse or IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR A	sed the deeth. Do not neech line. PHYSE S A CONSEQUENCE OF	MA	ng, such aa ca	erdiac or reapiretor	, arreat,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING	S A CONSEQUENCE OF	7):				
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	S A CONSEQUENCE OF	7):				
EDICAL C	PART II. Other eignificant conditions contributing to death	h but not resulting i	n tha underlying ceuse g	iven in Part i.	24a. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Σ					1 YES 2 NO		DF DEATH?
Ž I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DI	ATH (Check only	one)		
Sic	1 YES 2 NO HOSPITAL:	outpetient 3 DOA	OTHER:	sidence 8 🗆 Oti	her (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH Vesturel 5 Pending (Month, Day, Year Investigation Processing Pending Investigation Pendi	RY 28b. TIM			ESCRIBE HOW INJURY	OCCURED	
- 11	3 Suicide 8 Could not be determined 28a. PLACE OF INJU building, atc. (S	JRY — At home, farm, a specify)	treet, factory, offica	281. LO	OCATION (Street and Nur ty or Town, State)	mber or Rural Ro	oute Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of exemins						and manner as stated.
TO BE	29b. \$IGNATURE AND TITLE OF CERTIFIER	P-W) AFZ	SZ&Y	21226	DATE SIONED	(Month, Day, Your) 12 / 92.
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	MD	Print)				/
	FEB 13 1992 32. REGISTRAR'S SI	GNATURE Andell					

1.00

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22. Jurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE REG. NO.
		ricd. NO.

1 - STATE REGISTRAR		SINIE UF I	MARTL		TIFI	CATE	OF	DEA.	ANU TH	MEN	IAL HY	GIENE 3. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)										ATE OF DE	ATN			3. TIME OF CEATN
KYUN	S	OK			Y	ANG				O.	ONTH 2	1.0		YEAR Q2	04:10 PM M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. last birtl	nday)	IF UNDER		IF UNDER		7. D/	TE OF BIR	TH		a. BIRT	NPLACE (State or Foreign
220-76-9814		1 🔀 M 2 🗆 F	5	9 Y	RS.	MONTHS	DAYS	HOURS	MIN.		lonth, Day, 1 13–32			KOF	
9e. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY,	TOWN O	R LOCATI	ON OF D				9c. COU	INTY OF	
NORTH ARUN	DEL HO	SPITAL A	SSOC	TATTON		Gl	LEN	BURN	ITE					Λ Λ	COUNTY
RESIDENCE OF DEC	10b. COUNT					TOWN O								A.A.	
			r c	100				UN							10d. INSIDE CITY LIMITS?
MARYLAND 10e. STREET AND NUMBER	PKIN	CE GEORG	ES_		1	LAURI		ZIP COD	-			_	40 . 017		1 TES 2 NO
	m cm						111	70 715							WHAT COUNTRY?
9100 ERFUR	I CI.	12. WAS DECEDEN	T EVER II	N U.S. ARMED	_	12 V	_	2070		NIC OR	IGIN? (Spec	Man Man		S.A.	
1 Never Married 2 💥 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	YES	2 K NO		11	yes, spe	city Cube		an, Pue	rio Rican, e		or No-	Spec	E — American Indian, k, White, atc. My: RIENTAL
15. OEC	EDENT'S EDU	CATION COMPONENTS		16a. DECEDE	NT'S	JSUAL OC	CUPATIO	N	_		16b. KIND (OF BUSI	NESS/IN		CIDNIM
Elementary/Secondary (0		College (1-4 or 5	F)	life. Do f	VOT use	ork done d retired.)	lunng mos	t or works	ng						
12		NONE		SELF	EN	MPLO'	YED				CONV	. S	TORE	E	
17. FATHER'S NAME (First, M.	iddle, Last)							16. MOT	NER'S NA	ME (Fir	st, Middle, A	Maiden S	iumame)		
UNKNOWN								UN	KNOV	νN					
19a. INFORMANT'S NAME (?	ype/Print)			19b. MA	ILING /	ADDRESS	(Street ar	d Number	or Rural	Flourite N	lumber, City	or Town,	State, Zij	p Code)	
SUN BONG YA	NG		-	91	.00	ERFU	URT	CT.	LAUI	REL.	, MD	207	08		
20e. METNOD OF DISPOSITI 1		oval from State		PLACE AND D			TION (Nar	ne of		C	ATE 2	Oc. LOC	ATION —	City or To	own, State
4 Donation 6 Other			- l D	ULANEY	VA	LLEX					<u> 2-92</u>	T.	IMON	IUM,	MD
21. SIGNATURE OF PUNERA	AND	INSEE	/1/	Son	. ,		SING	LETC		JNEI	RAL H				
22 BADE I Fotosiba di	nece	X ()	110	UPAC	_										E, MD 21061
23. PART I. Enter the di ahock, or he	eart feilure.	List only one ceu	ise on e	ech ilne.	טם מט	ot anter i	the mod	le of dy	ing, auc	h aa c	erdiec or	reapire	atory ar	reat,	Approximeta Interval Between
IMMEDIATE CAUSE (Findisease or condition		CO 1			0	J									Onset and Death
resulting in death)	→	DUE TO	a er	inia	25.00	K	2m	m	hag	1					day
						. 0	0	-	N		0				
Sequentially list conditi		DUE TO	(OR AS A	CONSEDUEN	CE OF	:	_	1	27	au	01.8	n			day
if any, leading to immed cause. Enter UNDERLY!	NG	1		times											Ungin
CAUSE (Disease or inju that initiated events	A .	DUE TO,	(OR AS A	CONSEQUEN	CE OF));							-		Tens
resulting in death) LAS	T (d.													
DART II Other elemifica	at condition		4						-						
PART II. Other aignifica	nt condition	a contributing to	death b	ut not result	ting in	the unc	derlying	cause	given in	Part I	. 24a, W	AS AN A ERFORN	UTOPSY IED?	242	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
											1 🗆 1	YES 2 [□ NO		COMPLETION DF CAUSE OF DEATN?
															1 TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOŞPITAL:				OTHER		CE DF D	EATH (Ch	eck only	r one)				
1 TYES 2 1/10		162 Inpatient 2 □			OA .	4 🗆 Nursi	ing Home		sidence	_	ther (Specif				
	Pending Investigation	28e. DATE OF (Month, D		266	. TIME INJU	OF IRY M	28c. INJU WOF 1 Y] NO	28d. I	DESCRIBE	HOW IN	JURY OC	CURED	
2 Contests	Could not be	26e. PLACE O	F INJURY	- At home, fr	erm, st	ree1, fecto	ry, office						d Number	r or Rural I	Route Number,
4 Nomicide	determined		atai jopoo	,						ľ	ity or Town,	State)			
29e. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my know	ledge, death o	ccurrec	at the tir	ne, date	and place	, end due	to the	cause(e) er	nd menn	or so oto	ted	
															e) end manner ee stated.
29b. SIGNAFURE AND TITLE	4		-	0					ENSE NUI						
	2	777	1	m	-			7			12		DAI		(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	SE OF DE	ATH (ITEM 27)	(Type, I	Print)		-	13	5/	-			0	1
SANG C. DOF	I. M.D	. /1600 CI	MIAS	HICHW	۸V		#20	5/GL	EN B	URN	IE.	MARY	YLAN	D 21	061
31. DATE FILED (Month, Day, FEB 1 3 1	992	gina David	R'S SIGN	and 100											



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DNMN-16 Rev 1/89

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Q p		9
IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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by th	MOVE	ical
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/ fille	tion,	the
npietely	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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and	20	nati
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8	s aft	28
DIRE	hour	Item
RAL.	2	=
ш	2	-

_	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO)	
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH	7.	3. TIME OF DEATH
	Albert E.	Couden				MONTH E	NAY YEA	AR
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Jan. 28		92 1705 M
	221 09 1796	1 ☑ M 2 ☐ F	85 YRS.	MONTHS DAYS		(Month, Day, Year)	C	BIRTHPLACE (Stetle or Foreign country)
	9s. FACILITY NAME (If not Institution, give	25	03 ,,,,,			Mar. 21 1		Maryland
4	The state of the s	, , , , , , , , , , , , , , , , , , , ,			OR LOCATION OF	DEATN	9c. COUNTY C	
æ	Union Hospital o	r Cecil Cour	ity	Elkto	on		Ceci	.1
BY FUNERAL DIRECT	10s. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOC	ATION			
E.	Maryland Ce	cil			RIION			10d. INSIDE CITY LIMITS?
3	10e. STREET AND NUMBER	CII	E	kton				1 TYES 2 NO
R.				1	01. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
W W	488 Jackson Hall				21921		U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DI	CENOENT OF HISP	NIC ORIGIN? (Specify Ye	e or No- 14. F	RACE — American Indian, Black, White, etc.
<u>></u>	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 XNO Spec	en, Puerto Ricen, etc.)		Specify:
		<u> </u>						White
E	15. OECEDENT'S EDI (Specify only highest grad		16e. DECEDENT'S	USUAL OCCUPAT	TON	18b. KIND OF BU	ISINESS/INOUSTR	RY
W	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	dware	Potail	Build:	ng Supplies
9		2	Manager			Metall	Bullul	ing suppries
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				1e. MOTNER'S N	AME (First, Middle, Meiden	Surname)	
BE	John R. Couden					dmanson	,	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street		Route Number, City or Tow	on Canto Zin Conto	-1
2	Ida R. Couden,							
	20e. METNOO OF DISPOSITION	1.				ol Road, E		
	1 Burlet 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	novet from State	Ob. PLACE AND DATE (emetery, crematory or o				CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LI	OFNOFF	Cherry Hi	11 Meth	odist Ce	$\frac{1}{31}$ Ch	erry Hi	11 Mc
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE .	/ /		AND AGORESS OF F			
	Balbh-	6 His	bel			r Funerals		T. 0.7.0.7.
	23. PART I. Enter the diseases, or	complications that cause	ed the death Do s	DOW o	Stockto	n Sts., El	Kton, M	
	eriock, or resit lengts.	Liet only one ceuse on	eech line.	or enter the m	ode or dying, sur	on es cerdiec or resp	iratory screet,	Approximate intervel Between
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Deeth
	resulting in deeth)	e. CON	54571VC	HI	tari ,	FAILURK		
		DUE TO (OR AS	A CONSEQUENCE OF	F):				
2	Sequantielly liet conditione,	b						
CERTIFICATION	if sny, leeding to immediate	OUE TO (OR AS	A CONSEQUENCE OF	7):				
5.	CAUSE (Disease or Injury	G						
쁜	that initiated evente	OUE TO (OR AS	A CONSEQUENCE OF	7):				
E	resulting in deeth) LAST	d						
	PART ii. Other eignificent condition	an annishuttan ta davit	h					
EDICAL						Part I. 24e. WAS AN PERFOR	AUTOPSY :	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	CERTSAAL	VASCUL	11 40	CIDIERI		1 □ YES 2	11	CDMPLETION OF CAUSE DF OEATH?
ME	UPPER	GASTRIINTI	ASTINA	- 15 L	F40			1 YES 2 NO
	RETAINS	D BARN	CMIAL					. [] (20 1 [] (10
Z I	25. WAS CASE REFERRED TO MEDICAL	0.00	6////		LACE OF DEATH (C)	rack only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	enetless 2 Dos	OTHER:				
Ξ	27. MANNER OF DEATH	28e. DATE OF INJURY			ne 5 □ Reeldence	8 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Yeer)	INJ	URY W	DRK?	28d. DEŞCRIBE NOW I	NJURY OCCUREO	,
B	2 Accident Investigation	280 81 405 05 19 19 1			YES 2 NO			
	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Sp	RY — At home, farm, a ecify)	treet, factory, offi	ce	281. LOCATION (Street a City or Town, State)	ind Number or Rur	ral Route Number,
Ē								
릴	(Check only CERTIFYING PHYS	ICIAN: To the best of my kno	wledge, death occurre	d at the time, dat	end plece, and due	to the ceuse(e) end mer	ner es stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examinat	on end/or investigation	n, in my opinion,	death occured at the	time, date and piece, en	d due to the ceur	se(e) end menner as steted.
	29b. SIGNATURE AND TITLE OF CERTIFIE							
BE	17-113 18	8			29c. LICENSE NUI	221	29d. DATE SIGN	NEO (Month, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WA	en			1249	ddl	1/	29/92
	(2001	COMPLETED CAUSE OF D	EATN (ITEM 27) (Type,			/ >	/	
	UHRY Z	165/6		NE	WARK	/)c	. /	
	31. DATE FILED (Month, Day Year)	17. REGISTRAR'S SIG						
N	JAN 30 '97	Julia Davidsor	-Handell					



	1 - STATE REGISTRAR		STATE OF I		CER	TIFICA	TE O	F DEA	TH	R	EG. NO.			
	1. DECEDENT'S HAME (Fire	RIU:	5 C05	SENT	TINO	0	er (oser	itin	Dz. DATE OF E	BAY 31	92	EAR	ME OF DEATH
1	4. SOCIAL SECURITY NUM 198-20-1		5. SEX	8. AGE (f	in yrs. lest birti 65 Y	thday) IF UN MONTH	HE DAYS		MIN.	7. DATE OF B	HRTN - 1926	0.	BIRTHPLAC Country)	E (State or Foreign
1)	9a. FACILITY NAME (# not				00 1		STY TOWN	OR LOCATI	ON OF D		_		OF DEATN	
8	SOUTHERN		CYLAND	HAS	PITAL		1/11	TOL)	CAIN				EGRGES
b	RESIDENCE OF DE	CEDENT		7.00		c. CITY, TOW	- / /	7 4 70			//	////		
DIRECTO	Md.		rles			Wald		AIION						INSIDE CITY LIMITS? YES 2 NO
FUNERAL	818 Cop		Venue				1	or, ZIP COD			to	-	OF WHAT	COUNTRY?
N.	tt. MARITAL STATUS	теу н	12. WAS DECEDEN	VT EVED IN	IIIS ADMED		12 110 0	2060				USA		
ВҰ	t Never Merried 2 X 3 Widowed 4 Div	_	FORCES?	YES	2 NO		If yes,	specify Cube	m, Mexica	NIC ORIGIN? (Si nn, Puerto Ricen fy:	ocity tes or i, etc.)		Black, Whi Specify: White	
TED	t5. DE (Specify on	CEDENT'S EDU	CATION completed)		(Give ki	ENT'S USUAL	one during r	TION nost of worki	na	16b. KIN	D OF BUSINE			
PLET	Elementary/Secondary (College (1-4 or 5	+)	Adm.	NOT use retire		- Hi	nsn.	. 0.	S. G	nvit		
COMPL	17. FATHER'S NAME (First, I				Adm.	0111				ME (First, Middle				
l w	Joseph C		ino							Rotand		name)		
TO B	19a. INFORMANT'S NAME ((Type/Print)			19b. MA	AJLING ADDR	ESS (Stree	and Numbe	r or Rural	Route Number, C	ity or Town, S	tate, Zip Coo	de)	
F	Joan Hep				81	l8 Co	ple	y Ave	e,m	Waldo	rf,	Md.	2060	2
	20e. METHOD OF DISPOSI 1 1 Burlal 2 Cremati 4 Donation 5 Othe	ion 3 🗆 Rem or (Specify) 🧲		20b. cenne M	PLACE AND E	etera	ที่เกิร			2/4		lten	ham,	Md.
	21. SIGNATURE OF FUNER	AL SERVICE EX	1 2 1/1											
_	Benjan		tthews	M00	658		P.0	. Bo:	x 15	unera 56, Wa	ldor	f, M	d. 2	0604
	23. PART i. Enter the o	diseasea, or a	complications that List only one case	MOOdat caused use on se	658 the death.	Do not an	P.O	. Bo:	x 15	56, Wa	ldor	f, M	d. 2	0604 Approximata Interval Baty
RTIFICATION	23. PART i. Enter the cahock, or il IMMEDIATE CAUSE (FI disease or condition	diseases, or cheart failure, inai	atthews complications tha Liat only one cau a. DUE TO DUE TO	MOO at caused use on see	658 I the death. ach line.	Do not an	P.O	. Bo:	x 15	56, Wa	ldor	f, M	d. 2	0604 Approximata Interval Batw
. CERTIFICATION	23. PART i. Enter the cahock, or i immediate CAUSE (Fi disease or condition resulting in death) Sequentially list conditif any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust) that initiated events resulting in death) LAS	diseases, or chaart failure, inai	atthews complications tha Liat only ona cau a. Due To b. Due To c. Due To	MOO at caused use on as of or as a	the death. ach line. CONSEQUEN	NCE OF):	P.O oter tha m	. Box	X 15	56, Wa	ldor or reapirate	f, M	d. 2	O604 Approximata Interval Batw Onset and D
MEDICAL C	23. PART i. Enter the cahock, or i immediate CAUSE (Fi disease or condition resulting in death) Sequentially list conditif any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust) that initiated events	diseases, or chaart failure, inai	a. Due To b. Due To d	MOO at caused use on as O (OR AS A O (OR AS	the death. ach line. CONSEQUEN	NCE OF):	P.O oter tha m	. Box	× 1 5 ing, suc	Part I. 24a	ldor	f, M	d . 2	0604
MEDICAL C	23. PART i. Enter the cahock, or i immediate CAUSE (Fi disease or condition resulting in death) Sequentially list conditif any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust) that initiated events resulting in death) LAS	diseases, or chaart failure, inai	a. List only one cau B. DUE TO B. DUE TO C. DUE TO d. A	MOO at caused use on as O (OR AS A O (OR AS	the death. ach line. CONSEQUEN CONSEQUEN CONSEQUEN	NCE OF):	P.O oter tha m	ng cause	× 15 Ing, auc	Part I. 24a	or reapirate	f, M	d . 2	Approximata Interval Batw Onset and D E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUR EATH?
SICIAN: MEDICAL C	23. PART i. Enter the cahock, or i immediate CAUSE (Fi disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injutat initiated events resulting in death) LAS PART II. Other algnific CAUSE (Disease or injutation) in death) LAS 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	diseases, or chaart failure, inai	a. DUE TO b. DUE TO d. DUE TO HIGSPITAL: 1 SINDSHIELD	MOO on at caused use on as on	tha death. ach line. CONSEQUENT CONSEQUE	NCE OF): Iting in that	P.O pter tha m	ng cause .	X 15 Ing, auc	Part I. 24a	WAS AN AUTPERFORMER	f, M	d . 2	Approximata Interval Batw Onset and D E AUTOPSY FINDI ABLE PRIOR TO PLETION OF CAUR EATH?
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32. RESISTRARIS GIGNATURE PANDETS.

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3 PHYSICIAN: The law requires that the death certificate be	ir this certificate has been signed by the attending physiciar
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 2 YEAR 25ZP FLINT NESTA 021 07 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Month, Pay, Year) 1895 218-48-2351 9a, FACILITY NAME (If not institution, give 9b. CITY, YOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. JOSEPH HOSP TOWSON DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TYES XX NO Towson. permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 719 Cambeley Circle A1 21204 U.S.A. use as the burial-transit by the hospital or attending physician. NAS DECENDENT OF HISPANIC DRIGIN? (Specify Yea or No—If yes. specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YAND IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 ☐ YES XIXND Specify: 1 Never Married 2 Married White BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 166 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Alice Harris John Lambert Timbs 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 719 Cambeley Circle A1, Towson, Maryland 21204 Joan F. Highcove 2 20b. PLACE AND DATE OF DISPOSITION (Name of cometary, committen of the place)
ROSELAND CEMETERY 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) DATE 20c. LOCATION — City or Town, State must 2-9-\$2 Reedville, Virginia 22. NAME AND ADDRESS OF FACILITY
JONES - ASh Funeral Home
P.O. Box 276 Heathsuille, VA 22473 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE or removal 23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory strest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel the CARDIOVASCULAR DISEASE ARTERIOSCLEROTIC disease or condition resulting in death) event, DUE TO (OR AS A CONSEDUENCE OF): Injury, or other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (DR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST Mental PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE and CHRONIC RENAL INSUFFICIENCY shows any 1 TYES 2 NO OF DEATH? 1 YES 2 ND the State Dept. of item 23 si 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL:
1 ☑ Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 1 TES 2 NO ig Home 8 🗆 Rasidenca 6 🗀 Other (Specify) 4 🗆 Nu E HOSPITAL OR ATTENDING PHYSICIA E FUNERAL DIRECTOR: After this cert of within 72 hours after death with the MTANT: If Item 28 is marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE DF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mani Intalho D 30263 2-7-92 STAFF MD 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRANCY 7- KHOO HOSPITAL ST- JOSEPH

32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 7:15 A DICIE H. JOHNSTON 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 - M XX F DAYS HOURS 400-24-0681 YRS. 70 SEP 10 1921 KENTUCKY 9a. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. CDUNTY OF DEATH DIRECTOR 637 TELEGRAPH ROAD RISING SUN CECIL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND CECIL RISING SUN 1 TYES MENO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 637 TELEGRAPH ROAD page 5 should be detached for use as the burial-transit 21911 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Maxican, Puarto Ri 1 TES 2 NO BY 3 N Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOUSEWIFE HOME 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BE (notified at SIE HAMILTON DOLLIE POPE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 BONNIE BAUM 12601 MONTCLAIR DR. SILVER SPRINGS pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must DATE NEW BRIDGE BAP CEM 2-1+92 RISING SUN, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory as medicai spock, or haart failure. List only on a cause on each Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death the cremation. diseasa or condition_ wolon Cancer resulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, the attending physician a Mental Hygiene prior to DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or Injury DUE TO (DR AS A CONSEDUENCE DF): that initiated avents resulting in death) LAST 0 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY been signed by the 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any PERFORMED? 1 YES 2 (NO Shows 1 YES 2 ND has b Dept. 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATN (Check only one) DIRECTOR: After this certificate hours after death with the State **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Nome 5 Residence 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER DF OEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 286. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HDW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 ND 2 Accident 28a. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) -3 Suicide COMPLETED 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 4 Homicide Item 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Sarkes 2 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Chesapeake

or Thern

32. REGISTRAR'S SIGNATURE

Davida

DHMH-16 Rev 1/89

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31. DATE FILED (Month, Day, Year)

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1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last Ina B. McCoo.			5.77	2. DATE OF DEATH DA		3. TIME OF DEATH 2:00 at			
4. SOCIAL SECURITY NUMBER 214-10-6159	5. SEX 6. AGE	(In yrs. lest birthday) IF UNI 76 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/3/15	a. Bif	ATHPLACE (State or Foreign untry) MD			
Union Hospita	11.00-11.00-11.00	9b. C	Elkton	EATH	9c. COUNTY OF	F DEATH C11			
PESIDENCE OF DECEDENT 100. STATE 100. COUN	Cecil	10c. CITY, TOW Elk	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER 245 Mackall S	treet.		101. ZIP CODE 2192	L		F WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		OF HISPANIC ORIGIN? (Specify Yae or No- In, Maxican, Puerto Rican, etc.) Specify: White, atc. Specify: White					
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		THE TAX SECTION	ne during most of working d.)	16b. KIND OF BUS	cery	Υ			
12 17. FATHER'S NAME (First, Middle, Last) Granville Sa	nders	Cashier	16. MOTHER'S N	AME (First, Middle, Melden nda Makam	Surname)				
190. INFORMANT'S NAME (Type/Print) Janet Wetzel	HCC15		ESS (Street end Number or Rure. Aksgiving W			19702			
20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF DI cemetary, crematory or othe Bethel Ce	emetery 1/3	1/92 Che	cation – city o sapeak	Town, State Se City, M			
21. SIGNATURE OF BUNERAL SERVICE	L. LO		^{22.} NAME AND ADDRESS OF F Gee Funera Elkton, MD	1 Home, 2	59 E.	Main St.,			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· ANTERIOS	GE RENI	NIA TO ALSENS C CARDOU	HS CELLAR	BIS EX	86			
PART II. Other significant condition	ons contributing to death	but not resulting in the	underlying cause given i	Part i. 24a. WAS AN PERFO!	HMED3	24b, WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	26. PLACE OF DEATH (C	Check only one)					
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Out 26e. DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW (NJURY OCCURE	0			
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	25e. PLACE OF INJUR	Y — At home, farm, street, scify)	factory, office	26f. LOCATION (Street City or Town, State)	end Number or Ru	eral Route Number,			
CONSCINUTE A STATE OF THE STATE	/SICIAN: To the best of my known NER: On the basis of examination					se(a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIF	len me.	EATH (ITEM 27) / Kona Delevit	29c. LICENSE NI			NED (Month, Day, Year) - J 8-4 >			
Rolando Najera	a, MD 105	E. Main St	., Elkton,	MD 2192	21				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE MANDELL							

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.1. Hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tramp the filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Forrest	W. Mc	Quer	rey				MONT	e of DEATH DA		YEAR 192	3. TIME OF DEATN 0624 M
	4. SOCIAL SECURITY NUMBER 235-09-5790	6. SEX				1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE	of BIRTN	8. BIRTHPLACE (State or Fore Country) West Virgin		PLACE (State or Foreign
TON.	90. FACILITY NAME (If not institution, give s Union Hospital o		County		-	town o	OR LOCATI	ON OF DI		9c. COUNTY OF DEATN Cecil			
DIRECTOR	100. STATE 10b. COUNT Maryland Cec				1kto		TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 248 Cherry Hill	Road			10f. ZIP CODE 21921							.S.A	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES					If yes, sp		in, Mexica	n, Puarto	N? (Specify Yes Rican, etc.)	or No—	14. RACI Black Spec	E — American Indian, k, White, etc. *** *** *** *** *** *** ***
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) Miner						16	b. KIND OF BUS	SINESS/INI	DUSTRY			
	17. FATNER'S NAME (First, Middle, Lest)						16. MOT	NER'S NA		Middle, Malden		a	
TO BE	Owen McQu	-	19						Route Nur	mber, City or Tow	n, State, Zij	o Code)	
	Franklin F. McQu. 20e. METHOD OF DISPOSITION Feb. 1 X Burlal 2 Cremation 3 Rem	OF DISPO	Nott: SITION (M. Ceme	eme of ce	metery, cre-		- El		CATION —				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE S. Die	las	Dank	22.	Hick 103	NO ADDRE S HO West	Sto	cktc	Funeral on Stre	s, P.		aryrand
	23. PART I. Enter the diseases, prehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ce		0.		the mo	ode of dy	ring, suc	ch aa ca	rdiec or reap	ratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. D. D. D. D. D. D. D. D. D. D. D. D. D.												
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 10									b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	LACE OF						
	1 VES 2 No 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE O	ER/Outpatient F INJURY Day, Year)	28b. Ti		28c. IN	JURY AT ORK? YES 2			her (Specify) ESCRIBE HOW	INJURY OC	CCURED	
TED BY	2 Accident investigation 3 Sulcide 8 Could not be determined	28e. PLACE building	OF INJURY — At h j, etc. (Specify)	iome, farm	, street, fac	tory, offi	ce			OCATION (Street by or Town, State		or or Rural	Route Number,
COMPLETED	and and	SICIAN: To the best of											(s) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE FW CLIL MA		10					CENSE NU			29d. DA	TE SIGNE	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (7)	oe, Print)							-	1

Jui-Chih Hsu,

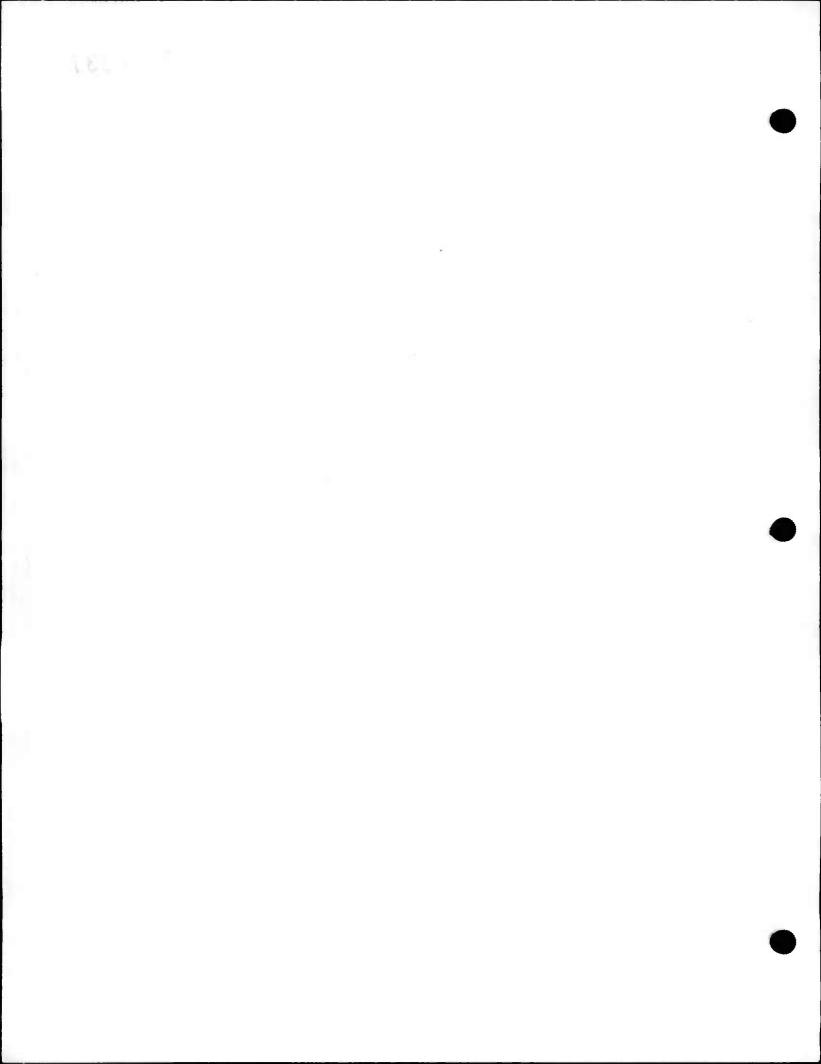
31. DATE FILED (Month, Dey, Year)

FEB 03 '92

M.D.

223 West Main Street

32. REGISTRAR'S SIGNATURE ha Davidson-Randall Elkton, MD



197	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	st)	CERTIF	ICALE U	F DEATH	REG. NO		3. TIME OF DEATH
	Arthur M.M						, 1992	AR . 35 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. 8	HATHPLACE (State or Foreign
	217-01-1145	Λ	73 YRS.		110	2/1/18	1	MD
Į.	9a. FACILITY NAME (If not institution, given 333 Hollingsw				n or location of the last on t	DEATH	9c. COUNTY	
DIRECT	MD COU	ecil		TY, TOWN OR LO Elkton				10d. INSIDE CITY LIMITS? 1 X X ES 2 NO
FUNERAL	100. STREET AND NUMBER 333 Hollings	worth Mano	r		101. ZIP CODE 21	921	10g. CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 [X] YE IF YES, GIVE WAR OR WWII	S 2 NO	If yes,		NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White
品	15. DECEDENT'S E (Specify only highest gri		(Give kind of	S USUAL OCCUP work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Sale			Ве	er	
	17. FATHER'S NAME (First, Middle, Last)	7				ame (First, Middle, Meiden a Mae Moo		
BE	William Mury 19a. INFORMANT'S NAME (Type/Print)	ony	19b. MAILIN	G ADDRESS (Stre		I Route Number, City or Tox		(e)
2	Laura M. Mur	phy				h Manor,		
	20a. METHOD OF DISPOSITION 1 To Burial 2 Cremation 3 R	2			cemetery, crematory or		OCATION — City	
	4 Donation 5 Other (Specify)				Mem. Pk		kton,	MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	2	Gee	Funeral ton, MD		59 E.	Main St.,
NC	23. PART I. Enter the diseases, a shock, or heart failured in the shock of the shoc	a. Carda out out out out out out out out out out	and line.	nisky OF): Her	Fan	fur e		Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Con	A CONSEQUENCE	arte	7 0	حر	-	
MEDICAL	PART II. Other eignificant condit	tions contributing to death	but not resulting	In the undar	ying cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (
S	1 YES 2 NO	1 Inpatient 2 ER/O		1	Home 5 Residenc	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
T	1 Natural 5 Pending	(Month, Day, Year		NJURY	WORK? YES 2 NO			
	- C Investigation		RY — At home, ferm	, street, factory,	office	28f. LOCATION (Street City or Town, State		Rural Route Number,
BY	2 Accident Investigation 3 Suicide 6 Could not determined							
LETED BY	3 Suicide 4 Homicide 6 Could not determined 29a. CERTIFIER Check only	building, etc. (S	owledge, death occu					ause(a) and manner as stated,
LETED BY	3 Suicide 4 Homicide 6 Could not determined 29a. CERTIFIER Check only	building, etc. (S d IYSICIAN: To the best of my kn HINER: On the bests of examine	owledge, death occu			he time, data and placa, a	and due to the c	ause(a) and manner as stated.
LETED BY	3 Suicide 4 Homicide 6 Could not determined 29a. CERTIFIER (Chack only one) 2 MEOKAL EXAM	be building, etc. (S d IYSICIAN: To the best of my kn INER: On the basis of examine	owiedge, death occu	tion, in my opinic	on, death occured at t	the time, data and place, a	29d, DATE SI	GNEO (Month Cay, Year)
BE COMPLETED BY	3 Suicide 4 Homicide 6 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	be building, etc. (S d IYSICIAN: To the best of my kn INER: On the basis of examine	owledge, death occur (jion and/or investige DEATH (ITEM 27) (7)	tion, in my opinic	on, death occured at t	the time, data and place, a	29d, DATE SI	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.	
1. DECEOENT'S NAME (First, Middle, Last)		1000			2, DATE OF DEAT	н	3, TIME OF OEATH
Phyllis	D.		Mor	gan	January	31, 199	6:10 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
227-36-3304	1 🗆 M 2 🔀 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Yes 2-26-19	922 E	ingland
9a. FACILITY NAME (If not institution, give				LOCATION OF O	EATH	9c. COUNTY	
Physicians Me	morial Hos	pital	La Pl	ata		Char	les
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		Las gray w					
	rles		a Plata				10d. INSIDE CITY LIMITS? 1 YES XX NO
Rt. 4 Box 4222			10f.	ZIP CODE 20646			of what country?
11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	3 2√∑NO		olfy Cuban, Maxica	NIC ORIGIN? (Specifin, Puerlo Rican, ato y:	y Yea or No — 14.	RACE — American Indian, Black, White, atc. Specific: White
15. DECEDENT'S ED		16a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIND O	F BUSINESS/INDUS	
(Specify only highest grad		(Give kind of world life. Do NOT use n	k done during mos etired.)	t of working			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Secre	tary		I	nsurance	
17, FATHER'S NAME (First, Middle, Last)				44 MOTHER N	ME (First, Middle, Mi	Idea Company	
Hubert James De	llow			Amy	Sophia	Baker	
190. INFORMANT'S NAME (Type/Print) Sidney Lee Moro	ian				Route Number, City of lata, Md		de)
20a, METHOD OF DISPOSITION		0b. PLACE ANO OATE O				c. LOCATION — City	as Town State
XX Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)		Trinity Me				aldorf,	
21. SIGNATURE OF PUNEAU SERVICES		//		D ADDRESS OF FA		, ,	
Duyan	7 Merso	7	Huntt	Funeral	Home		
Benjamin Ma	ittlews Muc	0658	P. 0.	Box 156	, Waldor	f, Md. 2	0604
Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):) Ay	ndrom	2		
resulting in death) LAST	d						
PART II. Other eignificant condition	ons contributing to death	but not resulting in	the underlying	cause given in	° PE	AS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
							1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PL	ACE OF DEATH (C	heck only one)		
1 TES 2 NO	1 Inpatient 2 ER/Ou			5 🗆 Residence	8 Other (Specifi	()	
27, MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)				26d. DESCRIBE I	IOW INJURY OCCUP	REO
1 Natural 5 Pending		, , , , ,		ES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28a PLACE OF IN HIS	RY — At home, farm, stre	set, factory, office		281. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,
anal	SICIAN: To the best of my known NER: On the basis of examinate						cause(s) and manner as stated.
	- A 10A		, , , , , , ,				
29b. SIGNATURE AND TITLE OF CERTIF	EH (Hai	e my	0.5	29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)
				D-2257	4		11116
30. NAME AND ADDRESS OF PERSON V							
R. Timothy Pag	ce, MD, P.(D. Box 24	9, Wal	ldorf,	Maryla:	nd 206	04
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE RANGE					
FFR 0.4 392	dien No	idea Bales	di_				

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DIVISION OF VITAL RECORDS, P.O. BOX 88/80,	0	oan processo. Asset this confidence has been singed by the attending physician and completely filled in by the fundral director page
	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may by	SAI

1 -	FOR STATE REGISTRAR	STATE OF MARYL		EPARTMENT TIFICATI			MENTAL	HYGIENE REG. NO.			
	DECEDENT'S NAME (First, Middle, Lest SOCIAL SECURITY NUMBER	se miller	(In yrs. last bir	Miller,		IF UNDER 24 HRS.	MONTH	OF OEATH DAY	92 8. BIR	3. TIME OF DEATH 3 THPLACE (State or Foreign	
Co	146-22-329 A. FACILITY NAME (If not institution, give	1 M 2 D F 68		YRS. MONTHS	DAYS	HOURS MIN.	(Month	- 15-24	Cou	th Carolina	
HOE!	Fallston General Confesion	ral Hospit	al		Fa	llston			Har	ford	
-	a. STATE 106. COUNTY HA:	rford	10	Bel		IDN				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	607 North Fount	ain Green Roa	.d		101	21015	ч	10g	CITIZEN O	F WHAT COUNTRY?	
™ 3	. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 XYES IF YES, GIVE WAR OR D. WWII	2 NO	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ YES 2 ☑ ND Specify:					ACE — American Indian, ack, White, etc. pocify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 8 +)	(Give I life. Do	DENT'S USUAL Coind of work done NOT use retired.)	during mo	at of working	16b.		Construction		
	. FATHER'S NAME (First, Middle, Last) Shade (nmn) M:	iller						Alddle, Maiden Surna			
19 2	a. INFDRMANT'S NAME (Type/Print)		19b. M	AILIND ADDRES	\$ (Street a			rgaret I			
20	rene A. Miller Da. METHOD OF DISPOSITION Reuriel 2 Cremation 3 Re Donation 5 Other (Specify)		b. PLACE AN	07 Nort	POSITION	(Name	reen 1-92	20c. LOCATIO	N — City or	r. Md. 2101 Town, State 1, Md.	
21	SIGNATURE OF FUNERAL SERVICE I	Ma Com	es I	11 H	owar		Comas			Home, P.A.	
III d	3. PART i. Enter the diseases, Dehock, or heart feilure MMEDIATE CAUSE (Final disease or condition esuiting in death)	a	OPEN	n	14.	nu	RE			Approximate interval Between Onset and Dea	
FICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): COLON CAN CUR DUE TO (OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	ART II. Other algolificant conditions of the con	ena contributing to death to	but not resu	ulting in the u	nderlyin	g cause given in	Part i.	24a. WAS AN AUTO PERFORMED 1 YES 2 AN		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ÿ -	S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF DEATH (C	heck only or	•)			
> II -	1 VES 2 ANO	1 Inpatient 2 ER/Out		Bb. TIME OF	28c. IN.	ne 5 🗆 Rasidence		r (Specify) CRIBE HOW INJUR	Y OCCURED)	
0 84	1 Pending investigation 2 Accident 3 Suicide S Could not b datermined	28e, PLACE OF INJURY	Y — Al home	INJURY M , farm, street, fa	1 🗆	PRK? YES 2 ND	28f. LOC	ATION (Street and Nor Town, State)	umber or Rui	ral Route Number,	
COMP	9a. CERTIFIER 1 CERTIFYIND PHY	SICIAN: To the best of my know					e time, data	and place, and due	to the cau	se(s) and menner as stated.	
0 8	D. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF THE	BATH (ITEM 2	(T) (Type, Print)	An	D13775		MA	No.	18/92	
31	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE	/ '	100	71 070	1	210	4-	7	

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					NTAL HYGIEN	E	0 7 4 1		
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH	Y YE	3. TIME OF DEATH		
	David	Jerome			obbi	ns		3				
	017 40 0070		yrs. last birthday)	IF UNDER 1		F UNDER 24 OURS &	HRS. 7. I	DATE OF BIRTH (Month, Day, Year)	1 0	DIRTHPLACE (State or Foreign country)		
	9a. FACILITY NAME (If not institution, give stree		36 YRS.					-3-1955		irginia		
Œ			_		TOWN OR		OF DEATH		9c. COUNTY			
DIRECTOR	Brandywine Rd.	nr Morano	Dr.	Bra	ndyv	ine			Princ	ce Georges		
RE	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
		George's	Ac	coke					1 - YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1216 Pine Lane	10f. ZIP CODE								OF WHAT COUNTRY?		
NE.		2. WAS DECEDENT EVER IN U	I C ADMED	1 40 11		607			USA			
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 []YO	Pf Pf	yes, speci	y Cuban, I	dexican, Pu	RIGIN? (Specify Yes serto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S	USUAL OC	CUPATION	d undring		16b. KIND OF BUS	INESS/INDUST	RY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a life. Do NOT us		uning most c	working.						
₹	12		Carpen	ter					ructi	on		
	17. FATHER'S NAME (First, Middle, Last) Buford F. Robbi				1			First, Middle, Meiden				
8	19s. INFORMANT'S NAME (Type/Print)	LIIS	10h MARING	ADDRESS	(Chanal and			t Robbi				
임	Marlene Robbins	5	1216	Pin	e La	ine,	ACC	okeek,	Md. 2	0607		
	20a, METHOD OF DISPOSITION 1	il from State 20b. P	LACE AND DATE OF STAT	or disposition of their place)	TION (Name	of LS		/3 Wal				
- 4	21. BIONATURE OF FORBIAL SERVINE LICHA	8EN /		22. N	AME AND	ADDRESS	OF FACILIT	v .				
	Benjamin Ma	atthews Mou	0658	P.	0. E	intt Box	Fun 156,	eral Ho Waldor	me, I f, Md	nc. . 20604		
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):											
띩	resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	ontributing to death but	not resulting	in the und	derlying c	euse give	en in Pert	i. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
당	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				E OF DEAT	H (Check or	nly one)				
YSI	1 X YES 2 □ NO	☐ Inpatient 2 ☐ ER/Outpati	lent 3 🗆 DOA	OTHER:		5 🗆 Reside	ence XX	Other (Specify)	Str	eet		
ву Рн	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 1 - 2 9 - 9 2		O 2 ^M P.	28c. INJURY WORK 1 YES	?	100	river i		o/Tree		
	Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, ferm, s	street, factor	ry, office		261.	LOCATION (Street at City or Town, State)				
9	29a. CERTIFIER		Str							nr Morano		
COMPLETED	2XXMEDICAL EXAMINER: 0	N: To the best of my knowled								ree(s) and manner as stated.		
H	AND TITLE OF CERTIFIER	irke M)		21		C . M .	F	N	30 - 92		
0	30-NAME AND ADDRESS OF PERSON WHO C		.111 P	enn	Stre					land 21201		
	FEB 04 92	32. REGISTRAR'S SIGNAT	~ April 199	-								

MALEN SI

N () ()

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTA	L HYGIENE REG. NO.	3		
		1. DECEOENT'S NAME (First, Middle, List)	V Teagu	0-	XIII		2. DATE MONT	OF DEATH	19	(EAB	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 222-22-9048 9e. FACILITY NAME (If not institution, give s	5. SEX	(In yrs. last birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	APR	OF BIRTH h, Day, Year) 4 193	37 D	ELA	WARE
(P	StoB	THE JOHNS HOPKIN				ORE CITY					
A) . De la company	L DIRE	MARYLAND CE	CIL		Y, TOWN OR LOCA	N				12	d. INSIDE CITY LIMITS?
ian. transit	FUNERAL	10 WILSON AVE		************		21911			US	A	T COUNTRY?
215-0020 attending physician. ise as the burial-tran	BY	1 Never Merried 2 Never Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (X X NO	If yes, s	CENDENT OF HISPA beelty Cuban, Mexic X2X 140 Speci	en, Puerto	i? (Specify Yee o	or No- 14	Black, W	American Indian, /hite, etc. VHITE
AND 2121; the hospital or atten detached for use at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			vork done during ma ne retired.)	ON ost of working	166	KIND OF BUS!	NESS/INDUS	TRY	
YLAND 21 by the hospital or be detached for u		12 17. FATHER'S NAME (First, Middle, Last)	2	WOOD W	ORKER	16. MOTHER'S N				OD I	MORKING
MAR retained 5 should notified	TO BE	WILLIAM LEE TI 100. INFORMANT'S NAME (Type/Print) SALLIE B. TEA(and Number or Rural	Route Num		State, Zip Co	ode)	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be a		20e. METHOO OF DISPOSITION 1 CyBurlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE Of metary, crematory or of ROOKVIE	OF DISPOSITION (Na ther place)		OAT	E 20c. LOC	ATION CIT	y or Town,	Stata
		21. SIGNATURE OF SUNERAL SERVICE LIC	ENSEE	1º	R.T.	FOARD	FUNE	21 RTS ERAL H	OME		M[]
24 hours at filled in by tion, or remethe		23. PART / Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. acute	dotha daeth. Do neach lina.	CRISI		ch as care	liac or reapire	atory arres	ł,	Approximats Interval Between Onset and Death Week
P.O. BOX 68: th certificate be execute ending physician and ci i Hygiene prior to buria or other traumatic	CERTIFICATION	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.								
RECORE w requires that the been signed by the of Health and is shown any in	: MEDICAL	PART II. Other significant condition a cute vena			n the underlyln	g cauaa given in	Part I.	24a. WAS AN A PERFORM 1 X YES 2 (ED?	AW CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
- 2 2 2 N	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (CI					
OF PHYSIC this cer with th	ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	E OF 28c. IN. WY WO	URY AT ORK? YES 2 NO	1	CRIBE HOW IN	JURY OCCUP	RED	
DIVISION OR ATTENDING F DIRECTOR: After Hours after death Hem 28 is mar	ETED	3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	icny)			City	ATION (Street en or Town, Stete)		Rural Route	Number,
	COMPL	2 MEDICAL EXAMINE	CIAN: To the beet of my known R: On the basic of exemination							euse(e) an	d menner ae atated.
TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	Juntun	s MD		29c. LICENSE NU 1316			29d. DATE S	IGNED (Mo	onth, Day, Year)
		Carole Baraldi	-Junkins		Hookin	stosp.	Bo	alto 1	10	212	05
		FEB 04 92	12. REGISTRAR'S SIGN	- Randell							

234.00

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit pe filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

92-0401-	013							9:) (03943
FOR STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPART	TMENT O	F H OF	EALTH AND I	MENTAL HYGIE	***	- (00943
1. DECEDENT'S NAME (First, Middle, Last))						2. DATE OF DEATH			3. TIME OF DEATH
EARL	L!	EE		TRAC	EY	7	0 1 3	DAY 19	9 2	5:36 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	_	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
213-38-7901	1X M 2 🗆 F	48	YRS.	MONTHS DA	AV8	HOURS MIN.	(Month, Day, Year) 8-9-43		Mai	w cvland
9e. FACILITY NAME (If not institution, give	1				WN O	R LOCATION OF DE	ATH	9c. COU	NTY OF D	
HIGHWAY ROUTE	#40 EAS	T OF 1	ROGER	S ROA	D	NORTH	EAST	C	ECI	L
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c CITY	TOWN OR L	OCAT	ION				10d. INSIDE CITY
Maryland Ceci				orth I						LIMITS?
10e. STREET AND NUMBER			14	OI GI I		ZIP CODE		10a CITI	ZEN OE V	1 TYES 2 NO
14 Morgan Court						21901		log. Citi		
11. MARITAL STATUS	12. WAS DECEDEN	LEVER IN U.S.	ARMED	13 WAS			IIC ORIGIN? (Specify Y	ba as Na T	USZ	
Never Married 2X Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	If you	8, SP4	city Cuban, Mexica 2 XNO Specifi	n, Puerto Rican, etc.)	W 01 110-		— American Indian, t, White, etc.
Widowed 4 Divorced	1-12-62		12-62		TES	2 MO Specin	<i>r.</i>		Speci	white
15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a.	DECEDENT'S L	JSUAL OCCUI	PATIO	N et of undring	16b. KIND OF B	USINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of we life. Do NOT use	retired.)	y mos	a or working				
12	n/a			lab	ore	er	gas :	statio	n	
7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
Clarence Ephri	am Tracey					Marga	aret C. E	asten		
19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	ADDRESS (St	reet ar	nd Number or Rural F	Route Number, City or To	wn, State, Zip	Code)	
Tammy J. Tracey							th East, 1	MD 21	901	
20s. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ran	noval from State		CEAND DATE OF				DATE 20c. L			
1. SIGNATURE OF EUNERAL SERVICE L	NEWSEE	Nort	n East	Metho	odi	st Cem	4-92 No	rth Ea	st,	MD
1 1 00-	CENSEE	1		22. NAM	E AN	D ADDRESS OF FA	Crouch			
Mobile 1.	core	26		127	S.	Main St	. North	East,	MD	21901
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. MULTIC	se on each II	ine.		mod	le of dylng, suc	h as cardiec or rea	piratory arr	est,	Approximate interval Batween Onset and Death
3. 10.22	DUE TO	OR AS A CONS	SEQUENCE OF)):						
Sequentielly list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONS	SEQUENCE OF)):			· · · · · · · · · · · · · · · · · · ·			
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST	C. DUE TO	OR AS A CONS	SEOUENCE OF)	e						
PART II. Other significant condition	ne contributing to	deeth but no	t resulting in	the under	iying	ceuse given in	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS
	-						1 TES	2 (DANO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					e pu	OS OS OCATIL CO				
EXAMINER?	HOSPITAL:	EDIO /	A D 4	OTHER:		ACE OF DEATH (Che			0 -	
. M . r a r - 110	1 Inpatient 2 I	EH/Outpatient	3 LI DOA	4 Numino	Home	5 Residence	8 N Other (Specific) P	11 B L. T (: R() A I) M A V

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 0 1 / 3 1 / 1 9 9 2 5:20am 28c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 Nefural
2 Accident
3 Suicide
4 Homicide PEDESTRIAN STRUCK BY TRUCK 28s. PLACE OF INJURY — At home, building, etc. (Specify) 281. LOCATION (Street and WATRY EVA ROLD NUTRO UTE City or fown, State)

EAST OF ROGERS ROAD PUBLIC ROADWAY

NORTHE AST

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) O.C.M.E

MDOUD CLOD

31. DATE FILED (Month, Day, Your) opole 32. REGISTRAR'S SIGNATURE PENN STREET BALTIMORE.

FEB 03 '92

Julia Davidson-Randelle

DHMH-18 Rev 1/89

01/31/1992



29c. LICENSE NUMBER

DHMH-16 Rev 1/89

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital of	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAN ROY A. WEST 25 1992 9:36PM M 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 78 220-03-2202 JAN 12 1914 VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CECIL 1487 CONOWINGO ROAD RISING SUN RESIDENCE OF DECEDENT DIRECT 10a. STATE 18c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? RISING SUN MARYLAND CECIL 1 YES XX NO FUNERAL 104. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21911 1487 CONOWINGO ROAD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Y YES 2 NO IF YES, GIVE WITH OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married XX Married Specify: BY 3 Widowed 4 Divorced 1945 1941 WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5 +) CONSTRUCTION BUSINESS 12 MECHANIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LULA GILLEY CHARLES E. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 1487 CONOWINGO ROAD, RISING SUN, MD 21911 BERNICE E. WEST 20a. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 20a. METHOD OF DISPOSITION

1 & Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) ONOWINGO BAPTIST CEM 1+29 CONOWINGO, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY RISING SU R.T. FOARD FUNERAL HOME MD 21 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc of respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in deeth) Mesothel DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not requiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 1 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 18 NO ng Home 5 - Residence 6 - Other (Specify) 4 🗆 Nun 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b, TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1x Natural M 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examin restigetion, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE -28-92 -11115 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 011

MO 32. REGISTRAR'S SIGNATURE

TO THE P

31. DATE FILED (Month, Day, Year)

29'00

DHMH-18 Rev 1/89

١	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OF	VIT/	LF	SECO	SPO	S, P	0	B 0	(131	46,	U		BALTIMORE, MARYLAND 21203-314	IORE	MAR.	YLAN	D 21	203-3	314
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months after death. Page 6 may be retained by the hospital or attending phy	ATTENDING	PHYSIC	JAN: Th	WE Jaw	requires	that th	e deat	h cert	ficate b	e execut	ed withi	12.	ours after	death. Pa	је 6 тау	be retained	by the ho	spital or	attendiv	Ag Du
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buse find within 72 haurs after health with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	RECTOR: After	r this ce	rtificate	has by Dept.	een sign of Heal	th and	the atte	Hvaie	physici ne prio	an and c	omplete	y filler stion,	d in by th	e funeral d	irector, pa	inous 5 ago	d be detacl	hed for	use as t	the bu
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	m 28 is m	arked,	or item	n 23	shows	any ir	lury.	or of	her tra	umatic	event,	the	medical	examine	must	e notifie	d at once	i de		

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE REG. NO.	:	
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Georgia S. Wir	ngard				Feb. 2	199	
		in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign
214-74-3108	☐ M 2 🔀 F	87 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 9, 19		ountry)
9a. FACILITY NAME (If not institution, give street	and number)		b. CITY. TOWN	OR LOCATION OF DE		9c. COUNTY	
	10.055						
Calvert Manor Nurs	sing nome,	Inc.	Rising	Sun		Cecil	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Delaware New Cas	stle	Newa	ark				1 X YES 2 NO
10+. STREET AND NUMBER			10	. ZIP CODE	I	10g. CITIZEN	OF WHAT COUNTRY?
260 Elkton Road				19711		USA	
	WAS DECEDENT EVER I	U.S.ARMED			IIC ORIGIN? (Specify Year		RACE — American Indian, Black, White, atc.
1 Never Married 2 Married	FORCES? 1 YES			ecify Cuban, Maxica 2 NO Specifi	n, Puarto Rican, atc.)		Black, White, atc.
3 📉 Widowed 4 🗌 Divorced							White
15. OECEOENT'S EOUCATK (Specify only highest grade com	ON pieted)	16a. DECEDENT'S US	SUAL OCCUPATI	ON set of warding	16b. KINO OF BUSI	NESS/INDUST	RY
	ollege (1-4 or 5 +)	life. Do NOT use	retired.)	at or working			
9		Homemake	er		Home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden S	Sumame)	
William Sweetmar	n_			Sarah	Kirkley		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural I	Route Number, City or Town,	State, Zip Cod	(e)
Betty L. Ferguson		215 Jac	ckson H	all Schoo	ol Rd., Elk	ton, M	(D. 21921
20a. METHOD OF DISPOSITION 1 ₺ Burial 2 □ Cremation 3 □ Ramoval	from State	. PLACE OF DISPOSIT	TION (Name of ce	metery, cremetory or	20c. LOC	ATION - City	
4 Donation 5 Other (Specify)	H	ead of Ch				ark, DI	E
21. SIGNATURE OF FUNERAL SERVICE LICENT				NO ADDRESS OF FA	ошту nes and Foa	and In	
ext / hour	1/				St., Newark		
23. PART I. Enter the diseases, or com	plications that cause	the deeth. Do no	t enter the me	ode of dying, auc	h es cerdiec or respir	etory arreat,	Approximete
ahock, heart fallure. List IMMEDIATE CAUSE (Finel							Interval Between Onset and Death
disease or condition	Artoglas	c/04 - B	c. Ho.	+0	60000	1	
resulting in deeth)	DUE TO (OR AS	CONSEQUENCE OF):	1000	011 W	1023		
	Chr co	CONSEQUENCE OF:	Ne-	Hocat	Jenlus.	0 /	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):		,	0		
CAUSE (Disease or Injury	Clir K	ena (Ferry	ue			
that initiated events		CONSEQUENCE OF):	/				
resulting in deeth) LAST	Cler 15	elones	Nili	4,5-			
PART II. Other algolificent conditions of	ontributing to death b	eut not resulting in	the underlyin	a cause given in	Part I. 24a. WAS AN /	MITOPSY	24b. WERE AUTOPSY FINDINGS
			the diddinyn	g cacac given in	PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 _ YES 2	□ NO	OF DEATH?
· ————————————————————————————————————					_		1 TES 2 NO
	OSPITAL:		26. F OTHER:	LACE OF DEATH (Ch	eck anly ane)		
1 YES 2 NO 1	Inpetient 2 ER/Out			ne 5 Realdenca			
1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY W	JURY AT ORK?	28d. DEŞCRIBE HOW IN	IJURY OCCURE	ED
2 Accident Investigation	28a. PLACE OF INJURY			YES 2 NO	401 1 00171011 (01	111 - 1 - 1	
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	city)	wet, ractory, om		28t, LOCATION (Street as City or Town, State)	na Number or H	tural Houte Number,
29a. CERTIFIER			- 1211 - 124	-According to the		-1.00	
(Check only					to the cause(a) end men		
2 MEDICAL EXAMINER: O	AT THE DESIG OF EXEMPLE	and/or investigation.	, in my opinion,	sean occured at the	time, date end piaca, and		
29b. SIGNATURE AND TITLE OF CERTIFIER	Perlikt	el-This		D-23	-307	29d. DATE SIG	GNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF P	ATH (ITEM 27) (TYPOL F	mD.	123 Stre	early Ave	-181K+	en Mi) 2 Ru
FEB 03 '92	32 REGISTRAR'S SIGN	A-Randelly			()	, , , ,	THE SHELL

3. TIME OF DEATH

Approximete Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21030

11:15 P ...

2. DATE OF DEATH

7. DATE OF BIRTH

FEB. 9,1992

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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9		4. SOCIAL SECURITY NUMB	7	5. SEX 1 M 2 F	6. AGE (In yrs. Is	si birthday) YRS.		DAYS	IF UNDER 24 HE HOURS MIN	M. M.	ATE OF BIRTH Month, Day, Year, ay 8, 19	006	8. BIRTHPLI Country)	ACE (State or Foreign Maryland
2, 3 shou	TOR	96. FACILITY NAME (If not in Maryland M	asonic				9b. CITY,		keysvi				ity of DEAT	
r. Pages 1,	DIRECTOR	Maryland	10b. COUNTY	imore		10c. CIT	COCKE							d. INSIDE CITY LIMITS? VES 2 NO
physician. bural-transit permit. Pages 1, 2, 3 should	FUNERAL	300 Intern	ationa) NT EVER IN U.S. A			101	ZIP CODE 210				USA	T COUNTRY?
	BY	1 Never Merried 2 1 Swidowed 4 Divo		FORCES?	T EVER IN U.S. A 1 YES 2 WAR OR DATES		If	yes, sp	ecify Cuben, Me		RIGIN? (Specify Ye erto Rican, atc.)	e or No	Black, W Specify:	American Indien, //hite, atc. White
retained by the hospital or attending 5 should be detached for use as the notified at once.	COMPLETED	15. DEC (Specify only Elementary/Secondary (0 9 Years	EDENT'S EDUC y highest grade 1-12)	CATION completed) College (1-4 or 5	<u> </u>	Give kind of a. Do NOT u	work done of work done of se retired.)	uring mo	ON el of working		16b. KIND OF BU	Home	JSTRY	
retained by the hos should be detached notified at once.	BE COM	17. FATHER'S NAME (First, M Joseph Haur	ot						18. MOTHER'S	•	First, Middle, Maiden na Geitn			
	10	MARYLAND MA	asonic	Homes		300	Inter	nat	ional (Circ.	Number, City or Tow le Cock	eysvi	lle,	
6 ma ctor, p		20e, METHOD OF DISPOSIT 1	(Specify)	25			Memor	ial	Park	2/	12/92 Ba			
		▶ Fai		nside Burnsid	e, Jr.						Feld Hom Baltimo		d. 21	212
within 24 nours npletely filled in t cremation, or re- vent, the medi	2	23. PART i. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert feilure.	List only one ce	M. O (OR AS A CONSI	e. I.				such ee	cerdlec or reep	iratory arre	rst,	Approximete Interval Betwee Onset and Das
th certificate be ending physician I Hygiene prior to	CERTIFICATION	Sequentially list condit if any, leeding to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	с	O (OR AS A CONSI									
requires that the signed by to of Hearth and shows any in	CIAN: MEDICAL C	PART II. Other eignifica	ent condition	a contributing to	o death but not	reculting	in the un-	deriyin	g cause give	n in Part	I. 24a. WAS AI PERFO 1 YES	RMED?	AA CC	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
The law ate has ate Dep		25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	t:	LACE OF DEATH					
ING PHYSICIAN: After this certifica leath with the St marked, or it	BY PHYS		Pending Investigation	28e. DATE O	ER/Outpatient FINJURY Day, Year)	28b. TI	A	28c. IN.	ne 5 Reside JURY AT DRK? YES 2 NC	280	Other (Specify) I. DESCRIBE HOW	INJURY OCC	:URED	
CTOR: / after d	요	3 Suicide 6	Could not be determined	28e. PLACE building	OF INJURY — At I g, etc. (Specify)	ome, farm,	street, facto	ory, offic	:0	281	. LOCATION (Street City or Town, State		or Rural Rou	te Number,
	COMPLET	000)	TIFYING PHYS	Class to the best of		0.000		6.55						nd manner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	O BE C	29b. SIGNATURE AND TITLE	OF CENTIFIE	"Yal	M	(K	50	29Q-E10ENSE	J 5	488	414110011	Charles and	11, 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Servision supported

Paul M. Rivas, M.D. 300 International Circle Cockeysville, Md. 21030

MARGARET

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ADAMS

Н.

92 03946

DHMH-16 Rev 1/89

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

OR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

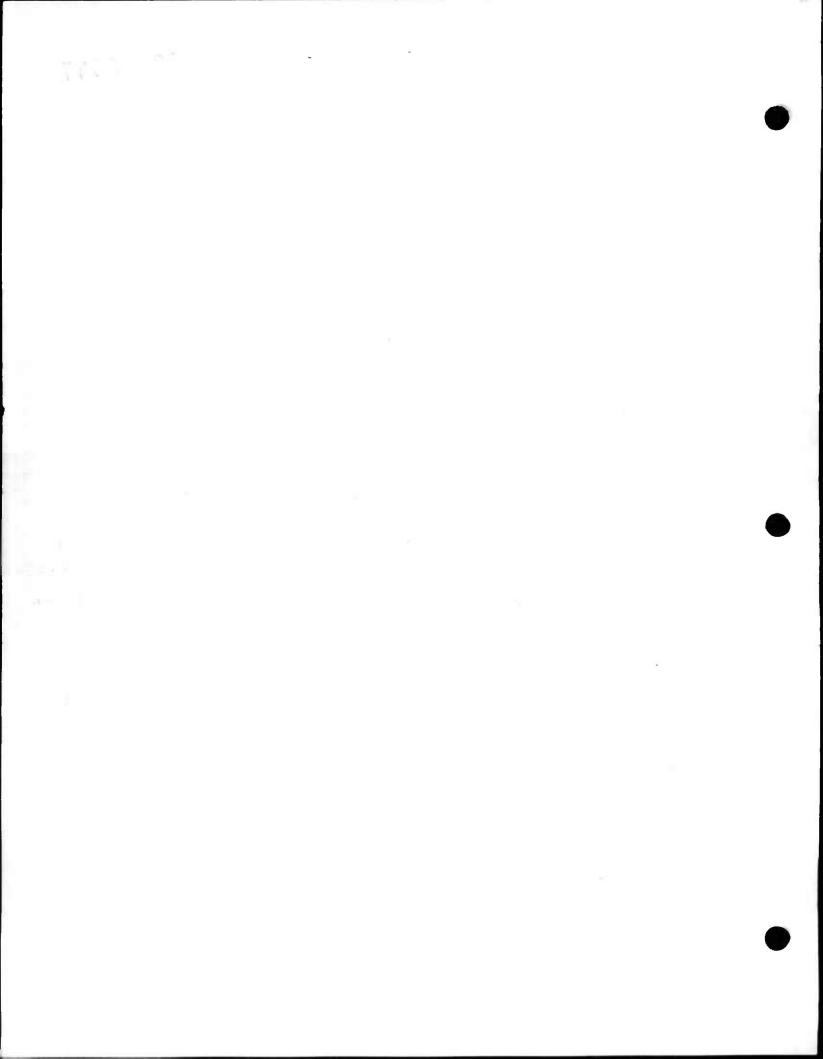
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

					LILLI	ICATI	_	DLA	III		IEG. NO.			
	1. DECEDENT'S NAME (First, KEVIN	Middle, Lest)	יחוום	EM						2. DATE OF MONTH	DA	Y .	YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER		BURD 5. SEX	6. AGE (In yrs. Is	at hirthrims	IF UNDER	4 VEAD	IF UNDER		0.2 7. DATE OF	09			01:15 A M
	218-86-4040		1 🕅 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, De	sy. Year)		Country)	ACE (State or Foreign
	9s. FACILITY NAME (If not in			30		9h CITY	TOWN	OR LOCATI	ON OF DE	6-11-	-01	00 0011	NTY OF DEA	MD
E	THE JOHNS H			т					ON OF DE	AIN		111111111111		
15	RESIDENCE OF DEC		HUSTITA			DAI	TIM	UKE				BAL	LIMORE	CITY
DIRECTOR	10e. STATE	10b. COUNTY	1			Y, TOWN O		TION					10	Dd. INSIDE CITY
	MD				BA	LTIM	UKE						1	X YES 2 NO
3AL	100. STREET AND NUMBER	חבטטט	CTOFFT				10	f. ZIP COD						AT COUNTRY?
FUNERAL	818 N. BRA	טרטאט						212					J.S.A.	
F	11. MARITAL STATUS 1 Never Married 2	Married		YES 2 K	RMED NO	13.	WAS DEC	ENDENT (OF NISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14, RACE - Black, V	- American Indian, Vhits, sic.
BY	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			1 🗌 YES	2 X NO	Specify	<i>r</i> :			Specify:	BLACK
<u>a</u>	15. DEC	DENT'S EDU	CATION	18e. D	ECEDENT'S	USUAL O	CCUPATIO	ON ·		16b. KII	ND OF BUS	INESS/IND	DUSTRY	DENCK
COMPLETED	Elementary/Secondary (0	highest grade	College (1-4 or 5) #	Give kind of e. Do NOT u	work done se retired.)	during mo	ost of working	ng			12.0		
J de	12th				JNEMP	LOYE	D			1				
Ö	17. FATNER'S NAME (First, MI							18. MOT	NER'S NA	ME (First, Midd	le, Meiden	Sumame)		
BE	DENNIS BUF	UEN						VI	OLA	HILL				
0	196. INFORMANT'S NAME (7)			1	D. MAILING	ADDRESS	(Street a	and Number	or Rural F	Route Number,	City or Town	, State, Zip	Code)	
-	VIOLA BURDE				318 M	• RK	AUFU	אט A	VE./	BALTIN	WKE,	MU	21213	
	20s, METHOD OF DISPOSITI	n 3 🗆 Ram	oval from State	20b. PLACE cemetery_cr	AND DATE	OF DISPOS	ITION/Ne	ame of		DATE			City or Town	
	4 Donation 5 Other			BALT	IMORE						BAL	TIMO	RE, M	D
	21. SIGNATURE OF FUREION	SERVICE DO	J X			22.	NAME AI	ND ADDRE	SS OF FA	CILITY				
	Ture	meny	1	5	-	W	M.C.	MARC	HF.	H./110)1 E.	NOR	TH AV	ENUE
	23. PART I. Enter the di	seasea, or o	omplications the	t caused tha d	eath. De	ot antar	tha mo	da of dy	ing, auci	n as cardiac	or reaple	ratory arr	reat,	Approximata
	IMMEDIATE CAUSE (Fin			^-										Interval Between Onset and Death
	disease or condition	+	Hear	OR AS A CONS	ure									Luk
			DUE TO	OR AS A CONS	OUENCE O	F):								- /
	Sequentially list conditi	ona.	sep.	515										Type
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYI	late	DUE TO	(OR AS A CONSE	OUENCE O	F):								Tu
문	CAUSE (Disease or Inju		DUE TO	OR AS A CONSE	OUENCE O	FI.								gear
1	that initiated eventa resulting in death) LAS		_	(on no n consc	O THIS	<i>j</i> .								,
B			d											
AL	PART II. Other algnifica	nt condition	s contributing to	death but not	reaulting	In the un	dariyin	g causa g	given in	Part I. 24	. WAS AN			ERE AUTOPSY FINGINGS
MEDICAL										_ 10	YES 2		C	OMPLETION OF CAUSE F DEATN?
M										_ ′	(☐ YES 2 NO
z														1
C	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HØSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)				
S	1 TES 2 NO		1 Inpatient 2	ER/Outpatient	_	4 🗆 Nun	ing Hom		sidencs	8 Other (Sp				
>			28s. DATE OF (Month, D		28b. TIM	E OF URY		PK?		28d. DEŞCRI	BE NOW IP	JURY OC	CURED	
PHYSICIAN:	27. MANNER OF DEATH	Pending				М		YES 2	NO					
ву РНУ	1 Natural 5 2 Accident	Pending nvestigation	00- 01-000 0											
₩	1 Natural 5 2 Accident 3 Suicide 8 9		28e. PLACE O building,	F INJURY AI h etc. (Specify)	ome, lerm,	street, fact	ory, offic	•		City or To	N (Street s wn, State)	nd Number	or Rural Rout	Number,
₩	1 Netural 5 2 Accident 3 Suicide 8 4 Nomicide	nvestigation Could not be letsrmined	building,	etc. (Specify)						City or To	wn, State)			e Number,
₩	1 K Netural 5	rivestigation Could not be letermined	CIAN: To the beat of	etc. (Specify) my knowledge, d	eath occurr	ed at the t	lme, date	end plece		City or To	own, State)	ner as stat	ed.	
	1 K Netural 5 1 2 Accident 3 Sulcide 4 Nomicide 29s. CERTIFIER (Check only one) 2 MEDI-	rvestigation Could not be letermined FYING PNYSI CAL EXAMINE	CIAN: To the best of R: On the bests of s:	etc. (Specify) my knowledge, d	eath occurr	ed at the t	lme, date	end plece		City or To	own, State)	ner as stat	ed.	nd manner as stated.
E COMPLETED BY	1 K Netural 5	rvestigation Could not be letermined FYING PNYSI CAL EXAMINE	CIAN: To the best of R: On the bests of s:	etc. (Specify) my knowledge, d	eath occurr	ed at the t	lme, date	end plece		City or R	own, State)	ner sa stat	ed. se cause(s) es	
BE COMPLETED BY	1 Netural 5 2 Accident 3 Sulcide 8 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDB	CAL EXAMINE OF CERTIFIEF	CIAN: To the best of st	etc. (Specify) my knowledge, d tamination and/or	eath occurr Investigation	ed at the t	lme, date	end plece	red at the	City or R	own, State)	ner sa stat	ed. se cause(s) es	nd mannar as stated.
E COMPLETED BY	1 Netural 5 2 Accident 3 Suicide 8 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	CAL EXAMINE OF CERTIFIEF	CIAN: To the best of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the best of st	etc. (Specify) my knowledge, d tamination and/or	eath occurn investigation	ed at the ti	lme, date	end piece leath occur 29c. LICI	red at the	City or R to the cause(s time, data and IBER	own, State)	ner sa stat	ed. se cause(s) es	nd mannar as stated.
BE COMPLETED BY	1 Netural 5 2 Accident 3 Suicide 8 4 Nomicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	nvestigation Could not be letermined FYING PNYSI CAL EXAMINE OF CERTIFIEF PERSON WN	CIAN: To the best of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the bests of st. On the best of st.	etc. (Specify) my knowledge, d tamination and/or	eath occurn investigation	ed at the ti	lme, date	end piece leath occur 29c. LICI	red at the	City or R to the cause(s time, data and IBER	own, State)	ner sa stat	ed. se cause(s) es	nd mannar as stated.





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

1. DECEDENT'S NAME (First, Middle, Last)	Virginia	a R. Bu	rnsid	е		2. DATE OF DEATH	MY1992	7EAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest			IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
212-05-1485	1 🗆 M 2 💢 F	75,	YRS.	DAYS DAYS	HOURS MIN.			Maryland
			9	b. CITY, TOWN C	R LOCATION OF			Y OF DEATH
	e Lane			Cat	onsvill	е	В	altimore
	1		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland E	Baltimore			Catons	ville			LIMITS?
10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZE	N OF WNAT COUNTRY?
					21228			USA
	FORCES? 1	YES 2 X NO	IED O	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	99 or No- 14	I. RACE — American Indian, Black, White, etc.
3 X Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 ND Speci	Ty:		Specify: White
15. DECEDENT'S EDUC	CATION	16e. DEC	EDENT'S US	UAL OCCUPATION	DN .	16b. KIND OF BU	JSINESS/INDUS	
Elementery/Secondary (0-12)	College (1-4 or 5+)	W70.	DO NOT USE I	etired.)	st of working	l l		
		M	ortga	ge		В	ank	
							n Surname)	
		10000		O December 1				
	de							ode)
20e. METHOD OF DISPOSITION								
1 Buriel 2 Cremation 3 Remo	oval from State	Lorrai	ne Pa	rk Ceme				
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSER)					CILITY		ii, iid.
James Ti	Dune	eti.		650	Chell-M	ledereld H	lome, 1	nc.
23. PART i. Enter the diseases, Dr c	omplications that ca	aused the dea	th. Do not	enter the mo	de of dying, au	ch as cardiac pr reac	piratory arrea	Md. 21212 t, Approximate
IMMEDIATE CAUSE (Final	a. Sma	on each line.	u					interval Between Onest and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST								
PART ii. Other aignificant condition	a contributing to dea	ath but not re-	sulting in t	he underlying	cause given in			24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								COMPLETION OF CAUSE DF DEATH?
						_		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL				00.00				
EXAMINER?	HOSPITAL:	Outputlant 2		THER:				
27. MANNER OF DEATH	28e. DATE OF INJ	URY	28b. TIME O	F 28c, INJU	JRY AT		INJURY OCCUR	RFD.
1 Natural 5 Pending	(Month, Day, 1	(bar)	PULNI					
3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At hom	e, lerm, stree	et, lectory, office		281. LOCATION (Street	end Number or	Rural Route Number,
4 Homicide determined						City or lown, Stelle,	,	
								ouse(s) and menner so stated.
2 MEDICAL EXAMINE								
296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	- Marie		IGNED (Month, Day, Year)
	nik	OF DEATN (ITEM	27) (Type, Pri	nt)	29c. LICENSE NUI	- Marie		
296. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE O				0340	- Marie	12/	IGNED (Month, Day, Year)
	4. SOCIAL SECURITY NUMBER 212-05-1485 99. FACILITY NAME (If not institution, give is 715 Maiden Choice 715 Maiden Choice 715 Maiden Choice 7109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STREET AND NUMBER 715 Maiden Choice 111. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade 15. DECEDEN	Virginia 4. SOCIAL SECURITY NUMBER 212-05-1485 9e. FACILITY NAME (II not institution, give street end number) 715 Maiden Choice Lane RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. COUNTY Maryland 10e. STREET AND NUMBER 715 Maiden Choice Lan 11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT FORCES? 15. DECEDENT'S EDUCATION (Specifly only highest grade completed) Elementery/Secondary (0-12) 12 Years 17. FATNER'S NAME (First, Mickle, Last) Linwood Reese 19e. INFORMANT'S NAME (TyperPrint) HOWARD L. Burnside 20e. METHOD OF DISPOSITION 1 Wild Burlel 2 Cremation 3 Removal from State 4 Donation S Other (Specify) 21. SIGNATURE OF PHYSICAL SERVICE LICENSES JAMINERS T. Burnside, Jury Due to (OF Cause) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) DUE TO (OF Cause) Sequentially list conditions, if any, leading to immediate resulting in death) PART II. Other significant conditions contributing to de 25. WAS CASE REFERRED TO MEDICAL EXAMINERS? 1 Natural S Pending Investigation 3 Suicide B Could not be determined 26e. PLACE OF IN Molding, etc. 27e. Accident S CERTIFFING PNYSICIAN: To libe best of my Sidding, etc.	Virginia R. Bu 4. SOCIAL SECURITY NUMBER 212-05-1485 9. FACILITY NAME (if not institution, give street and number) 715 Maiden Choice Lane FRESIDENCE OF DECEDENT 100. STATE 100. STA	Virginia R. Burnsid 4. SOCIAL SECURITY NUMBER 212-05-1485 9. FACILITY NAME (If not Institution, give street and number) 715 Maiden Choice Lane PESIDENCE OF DECEDENT 106. COUNTY Maryland 108. STATE 106. COUNTY Maryland 109. STATE 109. COUNTY Maryland 11. MARITAL STATUS 11. MARE Martied 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 12. WAS DECEDENT'S EDUCATION (Specify only hybriet grade completed) 13. Decementary/Secondary (Including Linst) Linwood Reese 14. Involved A (Specify) 15. FATNER'S NAME (First, Midding, Linst) Linwood Reese 16. Decementary Secondary (Including) 17. FATNER'S NAME (First, Midding, Linst) Linwood Reese 18a. INFORMANT'S NAME (Specify) 20a. METHOD OF DISPOSITION 1 Muries 2 Crametion 3 Removal from State 20a. METHOD OF DISPOSITION 1 Muries 2 Crametion 3 Removal from State 20b. PLACE AND DATE OF Complete Complet	Virginia R. Burnside 4. SOCIAL SECURITY NUMBER 212-05-1485 3. SEX 1	Virginia R. Burnside 4. SOCIAL SECURITY NUMBER 212-05-1485 1	**SOCIAL SECURITY NUMBER** -**SOCIAL SECURIT	Virginia R. Burnside 4. SOCAL SECURITY NUMBER 4. SOCAL SECURITY NUMBER 212-05-1485 5. SEX 212-05-1485 5. M. S. SEX 5. SEX 5. SEX 6. SEX 7. S. YIB. 9. MORE THAN 15 WORKS 1 MARK 1 PROPERLY NUMBER 1 MARK 1 PROPERLY NUMBER 1 MARK 1 10 No. 1917 715 Maiden Choice Lane 8. SEX TY. TOWN ON LOCATION OF DEATH 1 10 No. 1917 715 Maiden Choice Lane 8. SEX TY. TOWN ON LOCATION OF DEATH 1 10 No. 1917 100. STREET AND NUMBER 715 Maiden Choice Lan 101. MARTIAL STRETS 102 NOS DECEDENT STREET AND NUMBER 715 Maiden Choice Lan 102 NOS DECEDENT STREET AND NUMBER 715 Maiden Choice Lan 102 NOS DECEDENT STREET AND NUMBER 715 Maiden Choice Lan 102 NOS DECEDENT STREET AND NUMBER 715 Maiden Choice Lan 103 NOS DECEDENT STREET AND NUMBER 716 Married 1 No. COUNTY 104 NOS DECEDENT'S BUBLL COCKTON 105 NOS DECEDENT'S BUBLL COCKTON 105 NOS DECEDENT'S BUBLL COCKTON 105 NOS DECEDENT'S BUBLL COCKTON 107 NOS DECEDENT'S



3. TIME OF DEATH

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

atherine

1 -

	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE In y	rs. last birthday)	IF UNDER	YEAR	IF UNDER	24 HRS. 7	DATE OF BIRTH			IPLACE (State or Foreig
	213-09-7113		1 M 2 XF		8 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year 11/26/1	3	Count	ryland Tyland
	9e. FACILITY NAME (If not institu	tion, give s	street end number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DEAT			JNTY OF D	4
OR	St. Agnes Ho	spit	al						e City			alti	
ECTOR	RESIDENCE OF DECED	ENT	v									ai ti	TIOLE
DER.	Maryland		timore			ansdo							10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 2218 Sulphur	Spr	ing Road				10	2122				USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Mer 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	₹ MO	1 "	yee, sp	ENDENT OF	F HISPANIC n, Mexicen, F Specify:	ORIGIN? (Specify Puerto Rican, etc.)	Yee or No-	14. RACE Black	k, White, etc.
	15. DECEDE	NT'S EDU	CATION	18-	DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF	NICHICO (IN		White
.	(Specify only hig Elementary/Secondary (0-12)	hest grade	College (1-4 or 5 d		(Give kind of life. Do NOT u	work done di se retired.)	uring mo	ist of working	g		etail		es
E COMPL	17. FATHER'S NAME (First, Middle Joseph Krampe								er's name	(First, Middle, Maid			
2	190. INFORMANT'S NAME (Typo/F		on		196. MAILING	ADDRESS 8 Still	(Street a	and Number	or Rumii Roul	te Number, City or Rd. Lans	Town, State, Zi	(p Code)	21 227
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 4 Donetion 5 Other (Spe	□ Rem		20b. PL	ACE AND DATE	OF DISPOSIT	ION /Ne	ime of		DATE 20c.	LOCATION	City or To	wn, State
	21. SIGNATURE OF FUNERAL SE		CENSEE	1 20	udon 1					Home,		ore,	Maryland
4	23. PART I. Enter the disea	7	-	Z.	Sr.	1	328	Sulp	phur S	Spring R	oad 2		
EDICAL CERTIFICATION	Sequentielly liet conditions if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	{	DUE TO	OR AS A COL	CLER (NSEQUENCE OF NSEQUENCE OF NSEQUENCE OF	ros.	is	ion		t i. 24a. WAS	NN AUTOPSY		WERE AUTOPSY FINDIN
	27. WW 2002				PERFI						2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO ME EXAMINER?	DICAL	HOSPITAL:	Carlotte - Carlo		OTHER:	28. PL	ACE OF DE	ATH (Check o	only one)			
PHYSI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend	ing tigation	28e. DATE OF (Month, Da	INJURY	28b. TIM	4 🗆 Nursir	8c. INJU		28	Other (Specify) d. DESCRIBE HOV	/ INJURY OC	CURED	
EIED BY	3 Suicide 8 Coul		28e. PLACE Of building, a	INJURY — A	it home, farm, a	treet, factor				I. LOCATION (Stree City or Town, Ste	it end Number te)	or Rural R	oute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYIN 2 MEDICAL	IG PHYSIC	CIAN: To the best of a	my knowladge	, death occurre	d at the tim	e, deta nion, de	end place, a	and due to ti	he cause(e) end m	anner ee stat	led.	end menner ee stated
10 BE C	296. SIGNATURE AND TITLE OF C	ERTIFIER	10	2 -/-	0	1		29c. LICEN	SE NUMBER	1	29d. DATI	E SIGNED	(Month, Day, Year)
		JOH	AR / S	TAG	NES H	Print)	741	4.9	700 C	ATOM A	1-0	BAL	12-1992 10. MD
	OBEB/194 N	392	32. REGISTRAF										
			_										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Brown

filled in by the funeral director, page 5 should be detached for use as the on, or removal.

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medical examiner must

permit. Pages 1, 2, 3 should

burial-transit

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	2	8	8	E
	24	=	6	he
-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the vertificate be executed within 24 nours	TO THE FUNERAL DIRECTOR: After this certificate has been sign. The fune mending physician and completely filled in	nat	IMPORTANT: If Item 28 is marked, or Item 23 shows any latery, or other traumatic event, the med
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ō	ō	Po	=
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5. SEX 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS MIN 9a. FACILITY NAME (If not institution, giv 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 305 S. Fagley Street Balto. DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 305 S. Fagley Street 21224 A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES WW II Specify: White BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) Blocklayer BLOCKLAYER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) unknown Counihan unknown 띪 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Jerome Maccentelli Sr. 811 Wise Avenue Balto. Md. 21222 20a METHOD OF DISPOSITION
1 ♣ Burial 2 □ Cremation 3 □ Ramoval from State 20b, PLACE AND OATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State Redeemer Cem. 4 Donation 8 Other (Specify) 2-13-92 Balto. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Jr. Funeral Home 263 S. Conkling St. Balto. Md 21224 23. PART L'Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert feilure. Last only one cause on each line. Approximeta Intervai Between **IMMEDIATE CAUSE (Final** Fatal Caroline Even + disesse or condition_ reauiting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not reauting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 4 - Nursing Ho 5 Residence 6 Other (Specify) 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DEȘCRIBE HOW INJURY OCCURED 1 Natural 2 Accident М 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicida 29a. CERTIFIER

(Check and Check and Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. OATE SIGNEO (Month. Day, Year) BE 2/13/91 204 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3900 Lock 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 4 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	OINIE OI I	CE	ERTIF	ICATE OF	DEA	TH	MENIAL ATGIE REG. N				•
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATN			3. TIME OF I	DEATN
	Justin	n	C	han	dler				2	92	3:45	Р.м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	l birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTN (Month, Day, Year)		S. BIRTN	PLACE (State	
	219-11-9605	1 XM 2 - F	5	YRS.	MONTHS DAYS	HOURS	Min.	4/22/86	5	BAT	TO.,	MD
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE			NTY OF DE		
6	Johns Hopkins	Hospi	tal		Baltin	nore	C	ity				
DIRECTOR	10e. STATE 10b. COUNT			10c CIT	Y, TOWN OR LOCA	TION						
8	MARYLAND				BALTI						10d, INSIDE	
	10e. STREET AND NUMBER			L	10	I. ZIP CODI	E		10c CITI	ZEN OF W	1 TYES 2	_
FUNERAL	4414 FRANCONI	A DRIVE	APT.	K		212	06		100.011	US		.,,
200	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. API	MED	13. WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify)	ee or No—	14. RACE	- American	indien.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y	YES 2 2	10	If yes, sp	ecify Cube 2 X NO	n, Mexica	n, Puerto Rican, etc.)		Bleck, Specif	, White, etc.	
											BLA	CK
H	15. DECEDENT'S EDU (Specify only highest grade	completed)	(GA	ve kind of	USUAL OCCUPATE work done during mo se retired.)	ON asl of workin	ng	16b, KIND OF B	USINESS/INC	DUSTRY		
1 2	Elementery/Secondery (0-12)	College (1-4 or 5	+)	DO NOT U	se reureu.)							
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	JAMES ANTHON	Y BARR						ME (First, Middle, Maide YVONNE		IDLE	R	
BE (19e. INFORMANT'S NAME (Type/Print)	2 2311111	19b	. MAILING	ADDRESS (Street a			Route Number, City or To				
5	VIRGIE YVONNE	CHANDLE		414	FRANCO	NIA	DR.	APT. K	BAI	LTO.	, MD	2120
	20a METNOD OF DISPOSITION		20b. PLACE A	NDDATE	OF DISPOSITION (N	me of		DATE 20c. L	OCATION -	City or Toy	vn. State	
	1 🗗 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donetiqa 5 🗆 Other (Specify)	oval from State	_ RRBU	TUS	MEMORI	AL 1	PARK	(AR			ARYLA	AND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		0	22. NAME A	D ADDRES	SS OF FAC	CILITY				
	DOLOU	(,) 1()	110	1				ETT & SC				
	23. PART LEMET the diseases, or o	complications the	t gaused the dea	eth Do	14600	LTB	ERTY	Y HETGHT	SAV	ENUE		
	anoca, or nears mayre.	Liet only one ceu	ise of each line.		or enter the me	ue or ayı	ng, sucr	an certiac or ree	piretory arr	est,		i Between
	iMMEDIATE CAUSE (Final disease or condition	NE	CKI	TIL	URY						Onset	and Death
	reculting in death)	DUE TO	(OR AS A CONSEO									
z											j	
유	Sequentielly liet conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):						-	
S	CAUSE (Disease or Injury	à										
빝	that initiated evente resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):							
CERTIFICATION	Toolking in dottill Exist	1,		-1-11								
	PART II. Other significent condition	e contributing to	death but not re	sulting	in the underlying	ceuse g	lven in i	Pert i. 24e. WAS A	N AUTOPSY	24b.	WERE AUTOPS	Y FINDINGS
DICAL								PERFO	RMED?		AWAILABLE PR	IOR TO
MEC								1 _ YES	Z NO	1	OF DEATH?	
								_			1 YES 2	NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DE	EATN (Che	ck only one)				
Si	1 X YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 Nursing Nom	e 5 🗆 Re	sidence	8 Other (Specify)				
PHY	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY av. Year)	28b. TIM	E OF 28c. INJ		T		INJURY OCC	URED	1 1	
₩	1 Natural 5 Pending 2 Accident Investigation	2-12-	-92	8:1	3A4 101		NO	Pedestr Auto	lan s	otru	ck by	⁷]
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE O building,	F INJURY — At hone etc. (Specify)	ne, ferm, s	street, factory, offic			261. LOCATION (Street City or Town, State	end Number	or Rural Ro	oute Number,	
			St	ree	t			Moravia		nr	St.Th	nomas
릴	29e. CERTIFIER (Check only one)	CIAN: To the best of	my knowledge, des	ith occurre	ed at the time, date	end place,	end due	to the ceuse(s) end m	enner ee atet	ed.		
COMPLETED	one) 2 X MEDICAL EXAMINE	R: On the beels of a	mination and/or in	rveatigatio	n, in my opinion, d	eath occur	ed at the t	time, date end plece, a	ind due to the	e ceuse(e)	and menner of	e steted.
l w l	296. SIGNATURE AND TITLE OF CENTIFUE	-00				29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (Month, Day, Ye	er)
10 B	Jun J. J	BULLY	F) M			0	. C . M	1.E.	>	2-13	-92	
-	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CALL	DEATH (ITEM	27) (Type,	Print)						1 %	
	MARIO 7- GOL	K/JK!	(MV 11	I P	enn Str	eet.	Ва	ltimore	. Mar	cv1a	nd 21	201
	31. DATE FILED (Month, Day, Year) 14	1005 REGISTRA	A'S SIGNATURE	berro !	Randella					-	The state of the s	

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Pages 1, 2, 3		
ourial-transit permit, Pages 1, 2.		
CHECTURE ATTENDED CONTRICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial		
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ge 5 should b		e notified a
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er this certific	oth with the Si	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
DIRECTOR: AM	hours after dea	item 28 is m
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92 03952 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) Alfred Colarullo 2. DATE OF DEATH YEAR Alfren 150 AH Colarullo 10 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) HOURS 1 😡 M 2 🗌 F 183 03 5390 73 YRS. Feb. 22, 1918 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prime Garges Hosp. ctr. Pa DIRECTOR Che verty RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1X YES 2 NO Penna Folcroft Delaware FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1841 Shallcross Ave. U.S.A. 19032 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TES 2 TNO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10 Mailer Philadelphia Newspapers 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Colarullo BE Olympia (Unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Alfred Colarullo. Same as 10 20a. METHOD OF DISPOSITION
X Burial 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State S.S. Peter & Paul Cemetery Marple Twp., PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Capitol Funeral Service, Falls Church, VA 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CARDIAC DEATH Luagen DUE TO (OR AS A CONSEQUENCE OF): ar Levis sceration Deserve CondcoVAsence CERTIFICATION Sequentielly list conditions. QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury C. DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Realdence 8 □ Other (Specify) HOSPITAL: TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending 1 YES 2 NO BY 3 Sulcide 28s. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) 92 110 17/62 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LINDA Whitby

9556 CRAIN Huy

32. REGISTRAR'S SIGNATURE

Upper marelboro



FEB 1 4 1992

MD 20272

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	nEdio I nAn		CL	TITLE	CALE	DEM	i N	REG	. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		Doc!	cina				2. DATE OF DEA MONTH	TH DAY	YEAR	3. TIME OF DEATH			
	Margaret Pe	earl						2-10			М			
		5, SEX	6. AGE (In yrs. last	birthday)	MONTHS DAYS		MIN,	7. DATE OF BIRT (Month, Day, Ye	ear)	8. BIRTH Countr	PLACE (State or Foreign S. C.			
	216-09-9419 9a. FACILITY NAME (If not institution, give s	1,0		YHS.				4-14-						
œ					96. CITY, TOW	ltimo		Md.	9c. COI	JNTY OF D	EATH			
6	4007 Loch Ra	ven			Ба	LCIMC)Le/	Hu.						
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	ATION					10d, INSIDE CITY			
	Md.				Balti	nore	,	City			LIMITS? 1 F YES 2 NO			
AL	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. Cl	IZEN OF V	VHAT COUNTRY?				
5	4007 Loch R	aven Bl			2123	18			U.S.	Α.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI		13. WAS D	ECENDENT (OF HISPAN	IC ORIGIN? (Speci	fy Yes or No-	14. BACE	— American Indian, c, White, etc.			
_ ≥	3 Widowed 4 Divorced	IF YES, GIVE WA				ES 2 NO			6~)	Speci	BLACK			
	15. DECEDENT'S EDUC	CATION	180 DE/	PEDENT'S	USUAL OCCUPA						BLACK			
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	completed)	(Gir	ve kind of v	vork done during to retired.)	most of worki	ng	166. KIND C	F BUSINESS/IN	DUSTRY				
PL	11th	College (1-4 or 5 +)	В	EAUT	ICIAN									
S	17. FATHER'S NAME (First, Middle, Last)					18, MOT	HER'S NAI	ME (First, Middle, N	laiden Surname)					
ш	WILSON DUPREE					1		S NAME (First, Middle, Malden Surname) PAIGE						
ω	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street			loute Number, City	or Town, State, Z	ip Code)				
2	WOODROW W. DOCK	INS, SR.	4	007	LOCH RA	VEN B	LVD.	/BALTIM	ORE, MO	212	18			
	20a, METHOD OF DISPOSITION 1 [X] Burlal 2 [Cremation 3 [Rame	oval from State	20b. PLACE A	ND DATE	F DISPOSITION	Name of		DATE 20	20c. LOCATION — City or Town, State					
	1 1 Signature of Funeral Service Licensee ARBUTUS Complete Co													
	1 toward	5	SON	5	Wm	C. M.	arch	F/H	1101	E. N	orth Ave.			
	23. PART I. Enter the diseases, Dr o	omplications that	csused the de	ath. Do i	ot enter the	ods of dy	ing, auch	ss cardiec or	respiratory as	rrest,	Approximata			
	shock, or heart failure. IMMEDIATE CAUSE (Finsi	List Dnly Dns ceus	e Dn ssch line.		_						Interval Between Onest and Death			
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N	Sequentially list conditions, if any, leading to immediate Due to (or as a conseduence of):													
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5	cause. Enter UNDERLYING CAUSE (Disease or Injury	e	THERU OR AS A CONSEO	SCLERATIC CORDIOVACCI						•				
Ē	that initiated evants resulting in death) LAST	302 10 (0	A A COMSEO	DENCE OF	·):				PUSI	ence				
CERTIFICATION		đ												
MEDICAL	PART II. Other significant condition	s contributing to d	sath but not re	sulting I	n the underly	ng cause	given in i		S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
50									ES 2 NO		COMPLETION OF CAUSE OF DEATH?			
ME								_			1 YES 2 NO			
ä														
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE OF D	EATH (Che	ck anly one)						
PHYSICIAN:	1 NO YES 2 NO	1 🗆 Inpatient 2 🗆 i			4 - Nursing H	ome 5 🗆 Re	eldence	6 Other (Specif)	1)					
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day		28b. TIM	URY	NJURY AT YORK?		28d. DESCRIBE H	IOW INJURY O	CURED				
B	2 Accident Investigation	280 PLACE OF	IN III DV AA baa	- 4-		YES 2	NO							
8	3 Suicida 8 Could not be 4 Homicide datarmined	building, el	INJURY At hor ic. (Specify)	ne, term, s	treet, factory, of	lica		28f. LOCATION (S City or Town,	treet and Numbe State)	or Rural F	loute Number,			
COMPLETED	29a. CERTIFIER							-						
MP	(Check only													
8	2 MEDICAL EXAMINE		mination and/or in	westigatio	n, in my opinion	death occu	red at the !	time, deta and pla	ca, and dua to t	ha cause(s) and manner as ateted.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	' ×	an to	2.0	mo.	29c. LICI	ENSE NUM	1905	29d. DA	TE SIGNED	(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CALLER					ya	1 107		α-	10)0(
	WHITE THE ADDRESS OF PERSON WHI	O COMPLETED CAUSE	OF DEATH (ITEM	zrj (lýpe,	rnnt)									
	31. DATE FILES (MogNb, Delv. War) 4 0 0 0	32. REGISTRAN	S SIGNATURE TO	1										
	31. DATE FILED (MONE). Day. 481/1992	a will	S SIGNATURE	maere										
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows after within 29 hours after death with the State Deat of Health and Mental Hotelete prior to burial cremation, or removal	MPORTANT: If them 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical examiner must be notific
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AR.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire author 27 hours after death with the State Door of Health and Mental Hotelen prior to burial or named	23
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	FOR 1 - STATE REGISTRAR	STATE OF			TMENT				MENTAL HYGIEN REG. NO	E	03	954	
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth	J. Dunt	ton						8 1	YEAR 992	3. TIME OF DEATH 4	
	4. SOCIAL SECURITY NUMBER 212 30 0632	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/26/1903	3	Countr	PLACE (State for Foreign y) .rginia	
O.B.	96. FACILITY NAME (II not Institution, give s Meridian Nurs				100	WSO1		ION OF DE	EATN		NTY OF D Balti	more	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Ann	ne Arunde	e1		y, town o							10d. INSIDE CITY LIMITS? 1 YES 2 TO NO	
FUNERAL	100. STREET AND NUMBER 6308 HOMEWOOD I	Road				10	1. ZIP COE	090			S.A.	VHAT COUNTRY?	
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuben, Mexical								, Puerto Ricen, etc.) Black, White, etc.			
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade		(G i+)	CEDENT'S live kind of Do NOT u	USUAL OF work done of retired.)	CCUPATI during me	ON ost of work	ing	166. KIND OF BU				
ed at once. BE COMPL	17. FATNER'S NAME (First, Middle, Last)	Thomas i	A. Walke				18. MO	18. MOTNER'S NAME (First, Middle, Meiden Surneme) Fannie H. Pritcherd					
TO B	190. INFORMANT'S NAME (Typer/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frances J. Thomas 6308 Homewood Road Linthicum, Maryland 21090												
medical examiner must be notified at once. TO BE COM	20b. PLACE AND DATE OF DISPOSITION 1 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Commete												
ical exam	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate												
event, the med	enock, or neert failure. Liet pnly pne cause pn each line, immediate Cause (Finel disease pr condition resulting in death) a. Due To (or as a consequence of):												
or other traumatic event, the	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
shows any injury, : MEDICAL CI	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 DINO 1 YES 2 DINO									. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF	DEATN (Ch	eck only one)				
0 >	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	1 Inpetient 2	ER/Outpatient 3 DF INJURY Day, Year)	28b. TIA	-	aing Non 28c, IN.	ne 5 - F JURY AT ORK?	lesidence	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OC	CURED		
28 is marked, TED BY PH	Accident Investigation 3 Suicide S Could not be determined	28e. PLACE building	OF INJURY — At ho g, etc. (Specify)	ome, ferm,	M street, fact		YES 2	□ NO	281, LOCATION (Street City or Town, State		r or Rural I	Route Number,	
If item	290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN								to the ceuse(s) and me			a) and manner se stated.	
IMPORTANT:	296. SIGNATURE AND VITLE OF CERTIFIE WALTH TO	Wels	and	M	D.		29d. LICENSE NUMBER 29d. D-12039				E SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WI WALTER 31. DATE FILED (MONth, Day, Ybar)	WE	ZAN-	1	M)	6,	100	YORK	Ri		MAR MO	
	FEB	1 1992	Julia Da	widsor	-Aand	الملك						DHMH-18 Rev 1/8	

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E.Eu/GRAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should swithin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIENI REG. NO.	5 2	03955					
	1. DECEDENT'S NAME (First, Middle, Last)	ES LORETTI	DOR	SEV		2. DATE OF DEATH	YEAF	3. TIME OF CEATH 5/5/ A- M					
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	UNDER 1 YEAR NTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/22/23		RTHPLACE (State or Foreign untry)					
TOR	98. FACILITY NAME (If not institution, give street of the property of the prop	et and number) PYLAND M			LINTO		PRIMIC	E GEORGES					
DIRECTOR	Md PG		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	own or locat	le, Md #	606		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 2110 Broo	ks Drive		101	20747		10g. CITIZEN O	CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 140 TES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 — YES 2 NO Specify: Specify: Blac										
PLETED		TION Impleted) College (1-4 or 5+) One	16a. DECEDENT'S US (Give kind of work life. Do NOT use re House	S USUAL OCCUPATION I work done during most of working use retired.) SE WOrk									
BE COMPL	17. FATHER'S NAME (First, Middle, Last)				Mil	MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Johnson mber or Rural Route Number, City or Town, State, Zip Code)							
2	Jacqueline L	Dowdell				17, Forest							
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State 20b.	PLACEAND DATE OF D stery, crematory or other esthaven	demoria	me of 1 Garder	den 2/17/92 Frederick, Md							
	21. SIGNATURE OF FUNERAL SERVICE LICEN		mer	22. NAME AN	D ADDRESS OF FA	CO CTV		Co., Inc.					
6	23. PART i. Enter in diseases, or contained in the contai	st only one couse on ee	the death. Do not och line. CONSEQUENCE OF):	enter the mo	de of dying, auc		ratory arrest,	Approximate interval Between Oneat and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events		CONSEQUENCE OF):										
	resulting in deeth) LAST												
MEDICAL	PART II. Other algorificant conditions	A SON	not resulting in t	ne underlying	cause given in	Part I. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL							MA					
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch	8 Cher (Specify)							
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 D	RK? ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED						
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, larm, stre- fy)	et, lectory, office		281. LOCATION (Street as City or Town, State)	nd Number or Run	al Route Number,					
COMPLETED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination						e(s) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF REPSON WHO	COMPLETED CAMES OF DEA	TH (ITEM 27) (Time Pri	0/1	DIP	43/	≥ 2 /	IED (MINID, Day, Year)					
,	31. DATE FILED (MOHIL Day, Year)	32. REGISTRAR'S SIGNA	6188 O	KUN 1	511 NA	Oxout	41/m	7 20742					
	FEB 1 3 1992	Julia Davidson-1	fandell.					DHMH-16 Rev 1/89					

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HOME OUT IN		0.00

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE OF DEATH	REG. NO	D.						
9	1. DECEDENT'S NAME (First, Middle, Last)	MICHAEL	A. Di	URKIN	2. DATE OF DEATH MONTH FEDRUARY		3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 212-32-7404 XXX			F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 31,	8. BIR	THPLACE (State or Foreign					
DIRECTOR	ae. FACILITY NAME (If not institution, give street and nu SINAI HOSPITAL RESIDENCE OF DECEDENT	mber)	9	BALTIMORE		9c. COUNTY OF						
S	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY											
H	MARYLAND			ALTIMORE			LIMITS7					
	10e. STREET AND NUMBER			10f. ZIP CODE		10a, CITIZEN OF	XX YES 2 NO					
FUNERAL	407 NOTTINGHAM ROAD	DECEDENT EVER IN U.S. A	-	21229		U.S	.A.					
B	1 Never Married 2/17 Merried FORC	ES7 1 YES XX	NO	If yes, specify Cuban, Mexico	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES XX NO Specify: WH							
COMPLETED		(0	ECEDENT'S US Give kind of work a. Do NOT use re	UAL OCCUPATION of done during most of working stired.)	10N 16b. KIND OF BUSINESS/INDUSTRY nost of working							
를	12	AD	DICTION	N COUNSELOR	HOS	PITAL						
g	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maider	Surname)						
BE	GORDON DURKIN				LLIE HURT	_						
2	19a. INFORMANT'S NAME (Type/Print)	15	b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Tox	wn, State, Zip Code)						
-	DOROTHEA DURKIN (WII	FE)	407 NO	TTINGHAM ROAD,	BALTIMORE,	MARYLAND	21229					
	20c. METHOD OF DISPOSITION 1XXBuriel 2 Cremation 3 Ramoval from State CRESTLAWN CEMETERY 20b. PLACEAND DATE Of DISPOSITION (Name of Campaign, gramation of other place) 2714/92 MARRIOTTSVILLE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	therex	1115	22. NAME AND ADDRESS OF FA LEROY M. & RUS 1630 EDMONDSON	SSELL C. W	ITZKE FU	NERAL HOMES E					
CERTIFICATION	disease or condition resulting in death) Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of): Due TO (or as a consequence of):											
	resulting in deeth) LAST											
EDICAL	PART II. Other algniticant conditions contribu	iting to death but not	resulting in t	he underlying ceuee given in	Pert I. 24a. WAS AN PERFO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
PHTSICIAN: MEDI												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)							
Ź	HOSPU	lent 2 ER/Outpatient 3		THER: Nursing Home 5 Rasidence	8 Other (Specify)							
BY PH		DATE OF INJURY Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED						
	3 Suicide a Could not be determined	PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	t, tactory, office	28f. LOCATION (Street City or Town, Stete	end Number or Rural)	Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the period of the	beat of my knowledge, de	eath occurred a	t the time, date end place, and due n my opinion, death occured at the	to the cause(s) end me time, data and placa, er	nner as ateted.	(s) end mannar ea statad.					
10 85	29b. SIGNATURE AND TITLE OF CERTIFIER	mar 260	4 4	29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Dey, Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLET HALLES A . (A. 31. DATE FILED (Month, Day, Year) 32. RI	NNITAR	M 27) (Type, Pri). SINAI	HOSPITAL.	BALTIMORI	E, MD.					
	FEB 14 199	egistrar's signature. 92 Julia Da	widson-7	andell								

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR									03	957	
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	ITMENT OF H	DEAT	AND N	MENTAL HYGIEN			•	
	1. OECEDENT'S NAME (First, Middle, Last, Cathe	H.	- /	Jord	V	DEAL		2. DATE OF DEATH MONTH	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7, DATE OF BIRTH	- 19	92	LACE (State or Foreign	
	212-05-8726	1 🗆 M 2 🗸 F	M 2 F 74 YRS.			HOURS	MIN.	(Month, Day, Year) 1 - 23 -	10	Country)		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN C	OR LOCATIO	N OF DE			Pen INTY OF DE	nsylvania	
DIRECTOR	Baltimore Count	y Genera	l Hospit	al	Randa				Baltimore			
EC.	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCAT	ION					10d. INSIDE CITY	
	Maryland Bal	Ltimore			Randall	stown	1				LIMITS?	
AL	10e. STREET AND NUMBER				10t	ZIP CODE		-	10g. CIT		HAT COUNTRY?	
띨	3459 Carriage Hi	111 Circle	e Apt.	G1		21	133			U.S.A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. AR YES 2 1 AN WAR OR DATES		If yes, spe	ecify Cubsn	HISPAN Mexican Specify	IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	s or No-	14. RACE- Black, Specify Whit			
	15. DECEDENT'S ED	UCATION	16a. DE	CEDENT'S	USUAL OCCUPATION	N		16b. KINO OF BU	SINESS/IN		LE	
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT us	work done during mose retired.)	st of working	7					
4	12		·	Hou	sewife							
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	AE (First, Middle, Maiden	Surname)			
BE (Clarence He	agey					Haze	el Kenne	e1			
2	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street a	nd Number	or Rural A	loute Number, City or Tox	vn, State, Zi	p Code)	21133	
٦	Mr. Robert C. Ebs	worth	3	459	Carriage	Hill	Ci	rcle Apt.	G1 R	anda1	1stown,MD	
	20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 □ Rer 1 □ Donation 5 □ Other (Specify)	noval from State	20b. PLACE	AND DATE	of disposition (Na ther place) Mem. Pa:	me of		OATE 20c. LC	CATION -	City or Tow	n, Stata	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	C		22. NAME AN	O ADDRES		BLITY				
	· Stephen	m -	Dens	\$1.	8728	Liber	ty E	FUneral Di Road Rand	lal1s	town.		
	23. PART I. Enter the diseases, or ehock, or heart failure	Complications that	t coused the de	ath. Do r	not enter tha mo	de ot dyin	g, such	as cerdiec or resp	Iratory ar	rest,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition	moto	1 to L	1	mag C	0	0 1				Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	If any, leeding to immediate										
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST	c. OUE TO	(OR AS A CONSEC	DUENCE OF	F):							
H		d										
PHYSICIAN: MEDICAL (PART II. Other significent condition	ns contributing to	death but not re	aaulting i	in the underlying	j cause gi	ven in f	Part I. 24a. WAS AN PERFOR	RMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
E. ME								_			YES 2 NO	
X I	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DE	ATH (Chec	ck only one)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Home							
Ě	27. MANNER OF DEATH	28a. OATE OF	INJURY	28b. TIM	E OF 28c. INJU	JRY AT		28d. DESCRIBE HOW I	NJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, resur)	INJ	M 1 Y		NO					
	3 Suicide 8 Could not be datermined	treet, factory, office			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED								o the cause(s) and mar				
8	2 MEDICAL EXAMIN		amination and/or in	nveatigatio	n, in my opinion, de	ath occure	d at the t	ime, data and placa, an	d due to th	na cause(a) a	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE		ruse P	leys	Lici_	29c. LICEN	645		29d. DAT	E SIGNEO (A	fonth, Day, Year)	

32. REGISTRAR'S SIGNATURE 1992 And Sevidson Randales

Denen Hospital, Randellshim

	in 24 nours after death. Page 6 may be retained by the hos	TO THE FUNETAL DIRECTOR: After this certificate has been signed by the mand. Vibracin and completely filled in by the funeral director, page 5 should be detach.	be med whim! /z hours arec deam with the State Dept. of health an army injury. Other property if them 28 is marked, or item 23 shows any injury. Other traumatic event, the medical examiner must be notified at once,
)	with	mplete	vent
	ecuted	DO DO	ounal.
	8	R H	all ma
	equires that the dath council	in signed by the usend to	nows any injury, of when
	SICIAN: The law re	certificate has bee	, or item 23 st
	ENDING PHYS	OR: After this	er deam with
	DR ATT	DIRECT	tem 2
	THE HOSPITAL	THE FUNERAL	APORTANT: If I

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAI CERTIF	RTMENT	T OF I	HEALTH	AND	MENT		E	0	3958
	1. DECEDENT'S NAME (First	t. Middle, Last)			CENTIF	ICATI	E OF	DEA	IH	T a pa	REG. NO),		
	Mary Ma	tilda	Foster								THE OF DEATH	1 -	9YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In y	rrs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DA	E OF BIRTH			IPLACE (State or Foreign
	218-22-020	•	1 □ M 2 🙀 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	C	7-01-0	4	Mar	yland
~	9e. FACILITY NAME (If not in					1		OR LOCATI		EATH		9c. COL	INTY OF D	EATH
DIRECTOR	Knollwood	Manor	Nursing	Home		Mi	lleı	rsvil	le			P	Inne	Arundel
REC	10e. STATE	10b. COUNT	Υ		10c, Cl	ry, town o	OR LOCA	TION	_					10d. INSIDE CITY LIMITS?
۵	Maryland 100. STREET AND NUMBER	Anne	Arundel		1	lille								1 YES 2 NO
FUNERAL	25 Highland	Desire					10	1. ZIP COD						WHAT COUNTRY?
S	11. MARITAL STATUS	S. ARMED	13.	WAS DEC	2110		NIC OBI	GIN? (Specify Ye		U.S.				
BY F	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE V	YES 2	2 XNO		If yes, sp	ecify Cubs	n, Maxice	n, Puerl	o Ricen, atc.)	s or No-	Black Speci	- American Indian, s, White, atc.
		EDENT'S EDU	0.71011											White
13	(Specify only Elementary/Secondary (0	y highest grade	completed)		(Give kind of life. Do NOT u	work done in the retired.)	during mo	ON ost of working	ng	1	66. KIND OF BU	SINESS/IN	DUSTRY	
APL	12 yrs.	F12)	College (1-4 or 5		lanagen						U.S.	Arms	7	
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)							HER'S NA	ME (Firs	t, Middle, Meiden			
BE	Richard Iv		Foster						_		erine A			
9	Lt.										mber, City or Tow			
	COI. Inomas G. Foster 24 Collis Court, Timonium, Maryland 2													
	130 Burlel 2 ☐ Cremetio 4 ☐ Donatton 5 ☐ Other	n 3 🗆 Reme (Specify)	oval from Stata	cemeter	Cathe	ther placed	Cen	neter	v					Maryland
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE 1	250					_		eld Hor			- Lary Land
	John	G. Rei	tzform	DRE	24,								farul	and 21212
	23. PART I. Enter the di	sessea, Dr c	omplications the	t caused th	e desth. Do	not enter	the mo	de of dyl	ng, suc	h aa cs	rdisc or respi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fin	cart rangers.	cist only one cau	ise Dn each	IIne.									Interval Between
	disease or condition											1 monta		
_	disease or condition resulting in death) s. (Prebyal vascular Accialent / monta Due to (or as a consequence or): Sequentially list conditions, Due to (or as a consequence or): Due to (or as a consequence or):													
CERTIFICATION	it any, leading to immediate													
CA	cause. Enter UNDERLY! CAUSE (Disease or Inju	NG	D											
	that initiated events resulting in desth) LAS	r	DUE TO	(OR AS A CO	NSEOUENCE O	F):								
₩ W			d											
₽ I	PART II. Other significant	nt conditions	s contributing to	death but n	not resulting	In the un	derlylng	g cause g	iven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICA	-) KA	14	Demen	LIA							1 🗌 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ														1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	ATH (Che	eck only	opel			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatlar	nt 3 🗆 DOA	OTHER	₹:				ner (Specify)			
PH	27. MANNER OF DEATH		28e. DATE OF (Month, De		28b. TIM	7	26c. INJU			-	SCRIBE HOW II	NJURY OC	CURED	
BY	2 Accident	Pending nvestigation				М	1 🗌 Y	rES 2	NO					
COMPLETED	3 Suicida 6 Could not be determined 26e. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify)								261. LO	CATION (Street e y or Town, State)	nd Number	or Rural Ro	oute Number,	
AP.	29a. CERTIFIER (Check only one)	FYING PHYSIC	CIAN: To the best of	my knowledge	e, death occurre	ed at the ti	me, data	end place,	end due	to the c	euse(e) end man	ner ee atat	led.	
8	2 MEDIC		- 6.3	amination and	d/or investigation	n, in my of	pinion, de	eath occur	d at the	ilme, da	te end place, en	d due to th	ne cause(e)	end menner ee atated.
BE	29b. SIGNATURE AND THLE	OF CERTIFIER	7					29c. LICE	NSE NUM	BER	1	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) /Time	Print)		P.	LX.	15	Ь	7	1-1	5-72
	Tsu-Cham	Lin	140. 37	7-8 9	Tanhr		Rd.	Ga	au L	:00	MD.	71	05K	
	31. DATE FILED (Month, Day,)		32. REGISTRAI	1 -		, (14	49]*(]) Y	im	7 (,004	1-1	- / 1	
	FEB 14 199	75	- murais	n-Rand	Leec									

1992 YEAR

3. TIME OF DEATH

White

Approximeta

worth

interval Batween

Onset and Death

5:40 A.

B. BIRTHPLACE (State or Foreign

REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

February 12,

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Norman L. Fitch

5. SEX

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Dec. 19, 1919 Mary land 1 M 2 F 216-14-3090 72 YRS. detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 310 Hollyberry Road West Severna Park Anne Arundel 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel West Severna Park 1 YES 2 XNO FUNERAL 10e, STREET AND NUMBER 10g, CITIZEN OF WNAT COUNTRY? 310 Hollyberry Road 21146 IISA hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Maxicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried ВУ Specify: 3 Widowed 4 Divorced W II 16a. DECEDENT'S USUAL OCCUPATION

16a. DECEDENT'S USUAL OCCUPATION

work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) College (1-4 or 3+) 5+ Elementary/Secondary (0-12) Fellow Engineer Westinghouse once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Meiden Sumame notified at Charles N. Fitch Naomi Lindsey BE 19a. INFORMANT'S NAME (Type/Print 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Helen C. Fitch 310 Hollyberry Road West Severna Park, Maryland 21146 9 20a, METHOD OF DISPOSITION
1 XI Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Must Parkwood Cemetery 4 Donetion S Other (Specify) 2/15/92 Baltimore Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road 21214 filled in by the figure, or removal. 23. PART I. Enter the diseases, o complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. **IMMEDIATE CAUSE (Final** nd completely fille burial, cremation, the diseese or condition elastotic DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) other traumatic event, CERTIFICATION and Sequentially list conditions, DUE TO FOR AS A CONSEQUENCE OF Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician. Realth and Mental Hygiene prior to CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 6 23 shows any Injury, PART ii. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE t YES 2 NO 1 | YES 2 | NO certificate has been h the State Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | ODA ng Nome 5 Residence 6 C Other (Specify) 4 I Nur the the 27. MANNER OF DEATH L DIRECTOR: After this cer hours after death with th item 28 Is marked, of 28e. DATE OF INJURY with b 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) S Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide FUNERAL DIRECT within 72 hours a STANT: If item 2 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end plecs, and due to the cause(e) end menner as stated. HOSPITAL TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robinson Baker MD. Johns Hopkins Hospital Baltimore, Md. 31. DATE FILED (Month, Dey. Year) FEB 1 4 1992 32. REGISTRANIO SIGNATURE PANDEL

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

2541

BALTIMORE, MARYLAND 21215-0020

92 03960 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12 92 8:30 R M Fitz Edward 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 219-28-9351 Md 1 M 2 - F 60 YRS. 11-23-31 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore 727 George Ave Essex RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 YES 2 NO Md Baltimore Essex FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 21221 USA 727 George Ave WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
 T YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced White ETED 15. DECEDENT'S EQUICATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 th Bethlehem Steel Supervisor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anthony Fitz Mary Anna Hromey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Essex, Md Phyllis George Ave. 21221 C Fitz 20a, METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)
Gardens of Faith Cem 2/15 Baltimore, Md 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 21. SIGNATURE OF FUNERAL SERVICE LICENSEE onne 0 7110 Sollers Pt Rd, Balt, Md 21222 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between ehock, or heert feliure. List only one course of each ilne. Onset and Death **IMMEDIATE CAUSE (Finsi** disease or condition resulting in death) concinoma ancreatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Anaeldence 6 - Other (Specify) 4 🗆 Nu 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural
2 Accident 5 Per 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE ANOITITLE OF CERTIFIER LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE MiD Do 76 3 moven 9 2

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30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2112 DUNDALK

32. REGISTRAR'S SIGNATURE

AVE.

WA VOWEDO

1992

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31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the sumble of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

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	4. SOCIAL SECURITY HUMBER SEX	+	F UNDER 1 YEAR IF UNDER 24 HRS.	FEBRUARY 12,1	992 13:43	
	220-05-0850	F 77 YRS. W	IONTHS DAYS HOURS MIN.	OCT.31,1914	MARYLAND	
8	9a. FACILITY HAME (If not institution, give street and numb	97)	96. CITY, TOWN OR LOCATION OF DE $\overline{\mathrm{BALT}}$	ATH 9c. CO	NIMTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY.	TOWN OR LOCATION	-	10d. INSIDE CITY	
	MARYLAND BALTIMORE 100. STREET AND HUMBER		- A F	PARKVILLE	1 *8X2X NO	
FUNERAL	8706 STOCKWELL ROAD		101. ZIP CODE 21234	10g. C	U.S.A.	
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TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUSINESS/II		
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	17. FATHER'S HAME (First, Middle, Last) CARVINGTON FRAZIER		16. MOTHER'S HAI	WE (First, Middle, Malden Sumame)		
TO BE	19a, INFORMANT'S NAME (Type/Print)			SIE GRIMES If Route Number, City or Town, State, Zip Code)		
-	MADGE FRAZIER (WIFE		COCKWELL ROAD, PA			
	20s, NETNOD OF DISPOSITION 1 M Jeurial 2 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	MARYLAND VI	DIS CARRIES ON FORES ETERANS CEMETERY	2/18/92 OWI	- City or Town, State NGS MILLS, MD.	
	21. SIGNATURE OF FLANEIUS SERVICE LICENSEE	ithe	LEROY M. & RUS	SSELL C. WITZK N AVENUE, CATON	E FUNERAL HOMES	
	g	Lung Canc	enter the mode of dying, such	as cerdiac or reepiratory a	rrest, Approximate Interval Between Onaet and Death	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	JE TO (OR AS A CONSEQUENCE OF):	ette smoki	ng.		
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	JE TO (OR AS A CONSEQUENCE OF):		Part I. 24a. WAS AN AUTOPS		
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OF V	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a
5	OR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH POITH ord 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 3-10=12 085-16-2700 1 M 2 X F Va. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH LIBERTY MEDICAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1217 W. FAYETTE STREET 21223 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES ... 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEOENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) Unknown 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) a WILLIAM PAIGE ODIE MOSS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY O'BRIEN 540 E. 169th ST./BRONX, N.Y. 10456 pe 20s. METHOD OF DISPOSITION
1 VI Burial 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State CONTUS MEM. PARK ARBUTUS, MD Oonetion 5 Other (Specify) 21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the not enter the mode of dying, auch as cerdiac or respiratory errest, Approximate shock, or haert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onaet and Death disease or condition andiores resulting in daeth) minutes DUE, TO (OR AS A CONSEQUENCE OF): lmb minute CERTIFICATION Sequentially list conditions, if any, leading to immediate (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in death) LAST -V mas Colonic PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MAIL ARLE PRIOR TO mome renal Hailune COMPLETION OF CAUSE OF DEATH? 1 TES 2 10 SEPTICEM 4 1 YES 2 NO DEMENTIA - ANEMIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 © Inpetient 2 □ ER/Outpetient 3 □ DOA 1 YES 2 NO OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 6 Could not be 4 Homicide Ш COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(e) and menner ee steted. 2 MEDICAL SKAMINER: On/the beals of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(s) end menner ee stated. 29b. SIGNATURE ANOTHELE OF CERTIFIER D16333 BE 29d. DATE SIGNED (Month, Day, Your) , mo Smil Jus Da/10/92 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MONT), DEV. 4001/1992

32. REGISTRAR'S SIGNATURE

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permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		STATE OF M	IARYLA	ND / DEPA	RTMEN	IT OF H	EALTH AND	MENTA	L HYGIENE			
1. DECEDENT'S NAME (First,	Middle, Last)			02.111.			BEATTI		E OF DEATH			3. TIME OF DEATH
KATHRYN					CARR	TELSE	N	MON.	TH DAY		EAR ?	10.28 PM M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In	yrs. last birthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 9. BIRTH			IPLACE (State or Foreign	
212 14 2178	8	1 M 2 TF	7	70 YRS.	MONTH	DAYB	HOURS MIN.		15/1921			
9e. FACILITY NAME (If not in:	stitution, give	atreet and number)			96. CF	TY, TOWN (OR LOCATION OF E	DEATN		9c. COUNT	OF	DEATH
NORTH ARUNI	DEL HO	SPITAL AS	SSOCI				BURNIE			A	٨.	COUNTY
10a. STATE	10b. COUNT					OR LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	Ann	e Arunde	<u> </u>	P	asad							1 - YES 2 1 NO
100. STREET AND NUMBER	U-i 1 1	Pond				101	21122					WHAT COUNTRY?
11. MARITAL STATUS	117.7.7		T EVER IN	II S ADMED	14	WAS DEC	ENDENT OF HISPA	MIC OBIC	NO Consider Man	U.S		E — American Indian,
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 17 Never Married 2 Married 18 FYES, GIVE WAR OR DATES			2 NO	"	If yes, sp	ectly Cuban, Maxic	an, Puerto		Of NO 14	Blac	k, White, etc.	
3 Widowed 4 Divo	rced	11 723, 0172 11	AR OR DA	163		I 🗌 YES	2 DE NO Spec	ny:			Spec	White
15. DECI (Specify only	EOENT'S EOL	JCATION e completed)		16a. OECEDENT	S USUAL	OCCUPATIO	ON st of working	16	b. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0	-12)	College (1-4 or 5 d)	Ilfe. Do NOT	use retired	.)						
5th Grade				House	wife				Home M			
17. FATHER'S NAME (First, MI		.72 2 2 2 mm	774 J				16. MOTNER'S N			77.7		
		William	Kling				Tes		Thompso			
190. INFORMANT'S NAME (7) Jerome Gab.		n .		100000000000000000000000000000000000000			nd Number or Rural L Road					3 21122
20e. METHOD OF DISPOSITI		=11	1		_					-		d 21122
1 X Burlel 2 Crematio	n 3 🗆 Ren	novel from State	206.1	tery, cremetery of a Lyland	other piec	Vete	erans Ce	m . 2-	12 Crow	msvil	le.	, Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE /	7				ge J. Go					
Men		4	ma.									d. 21225
23. PART I. Enter the di		complications the	ceused	the death. Do								Approximats
shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallury	List only one cau	WA	ch line	00	arc	hal	du/	action	h		Onset and Peeth
Sequentielly list conditi		· Coron	Ary	ar Un	M	Low	Dir	lane	No.			Hean
If any, lesding to immed cause. Enter UNDERLY	NG		- [1							į v
CAUSE (Disesse or Inju- that initiated events		DUE TO	OR AS A	CONSEQUENCE	OF):							
resulting in death) LAS1		d										
PART II. Other algolifica	nt conditio	ns contributing to	death hu	t not reculting	la the	radochila:	a novem obvem le	Don't	24a, WAS AN A		Τ	
IN T	1	- 01	/		in the	anderiyin	i cense diven il	i Part I,	PERFORI		246	AWILABLE PRIOR TO COMPLETION OF CAUSE
10/10/	1/4/4	E / NO	10	Val Ca An	m	A			1 YES 2	□ NO		OF DEATH?
1 (0)00	1110	COLV	VI U	VYYVY	///(1						1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL	T				20 DI	ACE OF OEATN (C	hank anti-a	1			
EXAMINENT		HOSPITAL:	ED/Output	tlant 3 DDA	ОТН	ER:						
27. MANNER OF DEATH		28e. OATE OF	INJURY	28b. Ti		28c. INJ	• 5 Residence		SCRIBE NOW IN	JURY OCCU	PFO.	
	Pending	(Month, D	sy, Yber)	(M	WO	RK?					
2 Contains	nvestigation Could not be	28s. PLACE O	F INJURY -	At home, ferm	, atreet, fe	etory, offic		28f. LO	CATION (Street ar	nd Number or	Rural	Route Number,
	Jetermined	building,	etc. (Specif	y)				City	or Town, State)			
29a. CERTIFIER	IFYING PNYS	ICIAN: To the best of	my knowle	doe death occu	read at the	time date	and place, and du	a to the or	was(a) and =			
												a) and manner as stated.
201 SUNATURE AND TITLE	or display	10,01	1	0 1			29c. LICENSE NU	MBER		29d. DATE S	IGNEC	(Month, Day, Year)
V/OVary	10	LUNY	119	MV						12.	-1	1.92
HILARY T. (O		CHY, M.D.	- 11	THE PARTY OF	- CHUA)	р де	000/01 81	Dire	1TD 10			
31. DATE FILEO (Month, Day,		32. REGISTRA		TURE	ML D	N. #2	08/GLEN	RUR	VIE. MA	RYLAN	D 2	1061
	Ee	- 1 4 100	2	l. d. K.	. i	mus.	00					

DHMH-18 Rev 1/89

si examiner must be notified at once.	PERCOND ETER BY BUYSICIAN. MEDICAL CERTIFICATION
wal.	The state of the state of the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ter deam, inage to may be retained by the hospital of attending pritter funeral director, page 5 should be detached for use as the by	THE MINITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts are feating. Page b may be retained by the hospital of attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by
BALTIMORE, MARYLAND 21215-00	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	JIMIE OF IMA	CE		ICATE OF		REG. N	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY /	43	3. TIME OF DEATN
			aldine		7		2	17		1520 -
			MONTHS DAYS HOURS MIN			HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		Countr	
	1 220-01-0219	□ M 2 XF	74	YRS.			2/6/18		Mar	yland
OR	9a. FACILITY NAME (If not institution, give street Memorial Ho		% CITY, TOWN OR LOCATION OF Baltimore			EATN	9c. COL	JNTY OF D	EATN	
5	RESIDENCE OF DECEDENT									
DIRE	Maryland 106. COUNTY			10c. C11	v, town on Loca Baltin					10d. INSIDE CITY LIMITS? 1XX YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER				10	t. ZIP CODE	111	10g. CI		HAT COUNTRY?
2	3328 Gilman Terr	. WAS DECEDENT EV	ED IN HE AD	MED	40 440 05	212	NIC ORIGIN? (Specify	M M.		S.A.
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 I	YES 2XX	10	It yes, s		nn, Puerto Ricen, atc.)	tes of No-	Speci	— American Indian, i, White, atc. fy: nite
COMPLETED	15. DECEDENT'S EDUCATI	ON			USUAL OCCUPAT		18b. KIND OF	BUSINESS/IN		
F	(Specify only highest grade com Elementery/Secondary (0-12)	ollege (1-4 or 5+)	life.	Do NOT u	work done during m se retired.)	ost of worlding				
집	8th		Sa	lesp	erson		Depart	ment	Store	2
0 0	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA	AME (First, Middle, Maid		DUUL	
BE C	Lewis E. Thompson						Martha H.		lini	K
0	19a. INFORMANT'S NAME (Type/Print)		198				Route Number, City or			
_	Glenna Krebs			831	5 B. Nur	ley Driv				Land 21234
	20a, METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal 4 Donetion 5 Dother (Specify)	trom Stata	20b. PLACE A	MAND DATE	of disposition (A other place) n Cemete	ame of	2/17 TA			wn, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	1100	alaw.	22. NAME A	NO ADDRESS OF F	ACILITY		.wii, 1	laryrana
	•						Funeral		Mar	yland 21211
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	DART II Oshou similiform conditions			- 101				110		
DICAL	PART II. Other significant conditions of ASCVD		ith but not r	esuiting	in the underlyli	ig csuse given ir		AN AUTOPSY ORMED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ		ichetics					1 YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATN?
ME	Combrowsc. di	<u> </u>					<u> </u>		-1	1 TYES 2 NO
ż	ESRD									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			26. I OTHER:	LACE OF DEATH (C	heck only one)			
S		Inpatient 2 - ER	/Outpatient 3	□ DOA		ne 5 🗆 Residenca	6 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,)		28b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NO	W INJURY O	CCURED	
COMPLETED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	JURY — At ho (Specify)	me, ferm,	street, factory, off	ce	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
E	29a. CERTIFIER	N. Y. M. A. L. A. L.			Nerve de con				elales	
MP	(Check only one) 2 MEDICAL EXAMINER:									
8		JI (16 David OI DAVIII		vostigeti	on, in my opinion,	death occured at th	time, data and piaca	and due to	tna cause(s) and manner as stated,
BE	296. SIGNATURANO ATLE OF CERTIFICA	- MI),			29c. LICENSE NU)	2/12	(Month, Day, Year)
D 10	30. NAME AND ADDRESS OF BEASON WHO CO	OMPLETED CAUSE O	F DEATN (ITE	M 27) (Type	e, Print)	1-1-2-1	alt mo		1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRADIC	SIGNATION	mel	Stuy	ALL THE	art mo	417	112	
	FFR 14	1992	Julia D	widson	1- Aandebe					

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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE 1992

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IN THE HUSPITAL OR ALTENDING PHYSICIAN: THE TAW FEGURE THE THE PROPERTY OF THE PROPERTY OF THE MITTING 24 JOURS ARE DESTRICTED TO THE THE THE THE THE THE THE THE THE THE	pleter	be filed within 72 hours after death with the State Dept. of Health and Health Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Sarah Jane Hill February 13 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 2. DATE OF BIRTH (Month, Day, Year) 9/23/1890 8. BIRTHPLACE (State or Foreign 101 YRS. 1 □ M 2 🏲 F MONTHS DAYS HOURS 213-60-0359 New Jersey 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Pikesville Nursing Home DIRECTOR Pikesville Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Pikesville 1 - YES 2 NO FUNERAL 10a STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-7112 Plymouth Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Married If yes, specify Cuban, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: White 3 🛚 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 2 years Teacher New Jersey 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Jacob C. Wilson Delia Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Christopher 7112 Plymouth Road Pikesville, Maryland 20e. METHOD OF DISPOSITION

1 September 2 Cremetion 3 Ramoval from State
4 Donetion 3 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Highland Cemetery 2/17/92 Hopewell, New Jersey 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. samec 8728 Liberty Road Randallstown, MD 21133 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final disease or condition **Onset and Death** resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ■ Nursing Home 5 □ Rasidence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 142 131615 2/14/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ardrew RUY CUM

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DALL IMORE, MAN LAIND 21213-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	TR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	nedical examiner must be notified at once.
THE PROPERTY OF THE PROPERTY O	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	CR: After this certificate has been signed by the attending physician and completely filled in by the functional with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLANI				HYGIENE
	CERTIFICATE	OF DEAT	H	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH ANI ATE OF DEATH	D MENTA	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			X	MONT	E OF DEATH	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER	FRANCIS 5. SEX 6. AGE		R.	02	1		5 25P M	
	579-48-1668	¹\\ X M 2 □ F 56	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HR	May	of BIRTH th, Day, Year) 30, 193	Count	PLACE (State or Foreign ry) ew Jersey	
O.B.	PRINCE GEORGE'S H RESIDENCE OF DECEDENT			DEATH	PRINCE GEORG				
DIRECTOR	10e. STATE 10b. COUNT	Y		OWN OR LOCATION				10d. INSIDE CITY	
	Maryland Prin	ice Georges	Dist	rict Heights		1.	0g. CITIZEN OF V	14 YES 2 NO	
FUNERAL	6720 Kipling Par	kway				USA	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 XYES IF YES, GIVE WAR OR D 1955-1963	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me: 1 ☐ YES 2 ☑ NO Sp	xlcan, Puerto	N? (Specify Yee or Rican, etc.)	Spec	E — American Indien, k, White, atc. ily: Casian	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	160	16b. KIND OF BUSINESS/INDUSTRY			
MP	12th		Automobil	e Salesman	ŀ	Klawans	Chevrol	et	
5	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	NAME (First,	Middle, Maiden Sur	name)		
BE	John Francis He	John Francis Henry, Sr.				ne Lynch			
2	Miss Laura L. H	enry		RESS (Street end Number or Ru . Vietch St.				A 22201	
	20e. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Rem	noval from State con	PLACE ANO DATE DF Di	olego!	OAT		TION — City or To		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		uantico Na	tional Cemete		14/192 T	riangle	, Virginia	
	12.10.0	C 77		Mountcast1	e Fune			*** 22101	
	23. PART I. Enter the disesses, or	complications that cause	d the deeth. Do not	13318 Occo	quan r	OOW DEOX	abriage	Approximats	
	ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A	cliomy	pathy				Interval Between Onset and Death	
HILLAHON	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflitted events.) Due to (or as a consequence of): Due to (or as a consequence of):								
EHE	that initieted events resulting in death) LAST d								
MEDICAL	PART II. Other significant condition	PERFORMED? 1 YES 2 NO						WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check anly a	ne)			
SICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:		HER: Nursing Home 5 - Resident					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	-	28d. OESCRIBE HOW INJURY OCCUREO			
9	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY At home, ferm, street, fectory, office			281. LOCATION (Street and Number or Rural Route Number,				
0	4 Homicide determined City or Town, Stete)								
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.								
0 00	296. SIGNATURE AND TITLE OF CERTIFIER A.G. 1000 ANIL KANKARIA DAIG 29c. LICENSE NUMBER 29d. DATE SIGNED (MONTH), Day, Year) > 2/12/92						(Month, Day, Yeer)		
	ANIL KANK	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Prin	ND 207	-				
	31. DATE FILEO (Month, Day, Year) FEB 1 4 1992	92. REGISTRAR'S SIGN	IATURE						

BOX 68760,	
BOX	
, P.O.	
L RECORDS, P.O. B	
LREC	
OF VITAL	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit he find within 72 hours after death with the State Dent of Health and Mental Hoders prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
A ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fure find within 72 hours after death with the State Dent of Health and Mental Hotlene prior to burial, cremation, or removal	em 28 is marked, or item 23 shows any injury, or other traumatic
TO THE HOSPITAL (TO THE FUNERAL D	IMPORTANT: If It

	FOR 1 . STATE	STATE OF I	MARYLAND /						MENTAL	. HYGIEN		0:	396	7
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		Cl	ERTIF	ICAT	E OF	DEAT	H	2. DATE	REG. NO.			3. TIME OF D	EATN
		JAMES T. HARMON				F			FEBR	UARY "	ľ3, 1	992	10:35	
	4. SOCIAL SECURITY NUMBER 216-20-2446	5. SEX	MONTHE DAVE HOUSE IN		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 18, 1925 MARYLAN		LAND	Foreign					
OR	9e. FACILITY NAME (If not institution, give street end number) 31 REILE DRIVE					96. CITY, TOWN DR LOCATION OF DEATH ELKRIDGE			_	9c. COUNTY OF DEATH HOWARD				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			10c. CIT		OR LOCAT							10d. INSIDE C	ITY
	MARYLAND	HOWARD			ELK	RIDG							1 TYES 2	
FUNERAL	31 REILE DRIVE					101	, ZIP CODE	212	27			U.S.	HAT COUNTRY A.	77
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. AR XES 2 1 WAR OR DATES WWW II		13	If yes, sp			en, Puerto F	? (Specify Yes Ricen, atc.)	or No—	14. RACE Black Specif	— American II , White, atc. y:	ndien,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Gi				DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to Do NOT use retired.)					KIND OF BUS	SINESS/IND	USTRY	*	
MPL	12	196257	ME	AT C	UTTE	R				ESKAY	MEAT			
BE CO	17. FATHER'S NAME (First, Middle, Last) ANTHONY HARMON						18. MOTH		ME (First, A EL UE	Aiddle, Malden PTON	Surname)			
10	196. INFORMANT'S NAME (Type/Print) BETTY HARMON	(WIFE)								RYLAN		Code) 227		
	20a, METNOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE cemetery, cre MARYI	AND DATE	OF DISPO	RISO	N° FOR	REST	V 2/		CATION —		vn, Stata	ID
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Dithe	1	ant D	22 L	NAME AL	M. 8	S OF FA	SSELI	. C. W	ITZKE	FUN	ERAL H	OMES
	23. PART I. Enter the diseasea, pr	complications the	it caused the de	eath. Do									Approx	
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pontine Cerebellar Degeneration 1988													
z	out to tour as a consequence or).													
CATIO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	ling to immediata er UNDERLYING												
CERTIFICATION	that initieted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL	Seizure 1	Disord	er)	D	459	sha	gia			PERFOR			AVAILABLE PRI COMPLETION (OF DEATH? 1 YES 2 1	OF CAUSE
IAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
SIC	EXAMINER? HOSPITAL: OTHER: 1 VES 2 M NO 1 Inpetient 2 M ER/Outpetient 3 DOA 4 Nursing Home 5 M Residence 8 Other (Specify)													
ву Рну	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28e. DATE Of (Month, I	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO					28d. DESCRIBE HOW INJURY OCCURED						
ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)												
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of e											and manner e	e stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
2	30. NAME AND ADDRESS OF PERSON W	HO COMBI ETED CAL	DE DE DEATH UTE	M 070 (3-	. 0-(-1)			-	- 4	1		-		4

1 TES 2 X NO	1 ☐ Inpetient 2 K ER/Outpetient	8 Other (Specify)		
27. MANNER OF DEATN 1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, street, fac	tory, office	281. LOCATION (Street and Number or Rural Route City or Town, State)

alan	adelman,	MD
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)

2200 NORTH FOREST PARK AVENUE, BALTIMORE, MARYLAND ALLAN ADELMAN M.D. 21207

32. REGISTRAR'S SIGNATUBE
007 Julia Davidson-Randalls

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use as the burial-transit permit, Pages 1, 2, 3 should 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 435 East 23rd STREET 21218 retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 1 K Never Married 2 Married В 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) 1QL Flementary/Secondary (0-12) College (1-4 or 5+) STUDENT page 5 should be detached CHARLES TO SERVICE 17. FATHER'S NAME (First, Middle, Last) Ħ JULIUS JOHNSON BE notified 19a. INFORMANT'S NAME (Type/Print) 2 LYNETTE NORRIS nutrating within 24 hours after death. Page 6 may be 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 N Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) competely filled in by the funeral director, 21. SIGNATURE OF FUNDRIAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 00 medical shock, or heart fellure. List only one ceuse on each line cremation, or IMMEDIATE CAUSE (Finel the disesse or condition resulting in desth) fraumatic event. EPSIS for to burlal, CERTIFICATION H Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST PART il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL shows any certificate has been he the State Dept of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINATY

1 YES 2 NO 26. PLACE OF DEATH (Check only one) item HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 DOA OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT marked, WITH 1 Netural 5 Pending investigation 1 YES 2 NO death v BY DIRECTOR: After thours after death 2 Accident 28e. PLACE OF INJURY — Al home, farm, streel, factory, office building, etc. (Specify) 60 3 Suicide 8 Could not be COMPLETED 28 4 Nomicide determined Item TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho 296. SIGNATURE AND TITLE OF CENTIFIES PEDIATME ONEOLOGY 29c. LICENSE NUMBER BE Vin FELLOW 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

2. REGISTRAR'S SIGNATURE

whia Davidson-Randell

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF GEATH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 92 XEAR JERRELL. (JEROME) JOHNSON A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN MARYLAND 1 🕅 M 2 🗆 F 218-06-7909 08 01 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN 9c. COUNTY OF OEATH DIRECTOR BALTIMORE UNION MEMORIAL HOSPITIAL RESIDENCE OF DECEDENT 10d. INSIDE CITY XXYES 2 NO 109. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, alc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify AFR. AMER. 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) LYNETTE NORRIS 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 435 East 23rd STREET BALTIMORE, MARYLAND 21218 20c. LOCATION — City or Town, State ARBUTUS MEMORIAL PARK 02-15-92 BALTIMORE MARYLAND ESTEP BROTHERS FUNERAL HOME P.O. BOX12819 BALTIMORE, MARYLAND 21217 23. PART i. Enter the disagres, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximats Onset and Desth S. ACUTE LYMPHOBLASTIC CEUKEMIA

DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO 4 Nursing Home 5 Realdence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER

1 CERTIFYING PNYSICIAN: To the beal of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 18HNS HOLKINS MO HOSLITTE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



31. DATE FILED (Month, Day, Year)

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funeral director, page 5 should be

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	L DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the f	2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
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31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELIZABETH G. KAUTTER Feb. 9 1992 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IMInth. 39.00 ar) 1908 215 14 9330 83 DAYS HOURS Mar yland 1 M 2 F YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Jenkins Memorial Baltimore DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. 1 YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2027 Hollins Ferry Rd. U.S.A. 21230 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 1 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—Il yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Specify: White BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Chun kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) years Home maker Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surneme) Ħ BE Alonzo Anderson Lillie Mules notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Sadler Lillian E. Same as 10e pe 20e METHOD OF DISPOSITION
1 8 Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Baltimore 4 Donelion 5 Other (Specify) National Baltimore, medical examiner 21. SIGNATURE OF PUNEUAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gonce FH 4001 Ritchie Hwy Balto 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximate ehock, or heert fallure. List only one cause on sech iins. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Final SEPSIS cremation, the diseese or condition resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and com burial, STROKE CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa recuiting in death) LAST Breast 6 injury, PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TES 2 NO 1 _ YES 2 _ NO been f. of PHYSICIAN: has be Dept. 83 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Item **EXAMINER?** QTHER: 1 TES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c marked, Naturel 2 Accident 5 Pending 1 YES 2 NO BY After death 28e. PLACE OF INJURY — At home, lerm, strest, lectory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 40 6 Could not be determined COMPLETED DIRECTOR: 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. THE HOSPITAL (THE FUNERAL D filed within 72 h -2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the lime, date end place, and due to the cause(e) and menner ee stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CEPTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Musull 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1000 S CATON A USSEZ WILLIAM

32. REGISTRAR'S SIGNATURE
1992 Julia Savidson-Randon

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CARTILLES HIGH SO HOUSE OF STREET	THE CHICAGO IN TAIL TO IS HIGH FOR THE PROPERTY HIGH IN CHICAGO COME, THE HIGHEST COME, THE HIGHEST COME, THE THEOLOGY.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
stuneral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

STATE OF MARYLAND / DEPARTMENT O	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /			F HEALTH		MENTA	L HYGIENE BEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		MO						DATE OF DEATH DAY DAY 2:20 A.				
	4. SOCIAL SECURITY NUMBER	5. SEX	b. AGE (In yrs. lest		F UNDER 1 YE	AR IF UNDER		7. DATE	OF BIRTH	8. BI	RTHPLACE (State or Foreign		
	052-03-4501	1 □ M 2	82	YRS.	RONTHS DA	HOURS	MIN.	JAN.	3,1910		WYORK		
~	9a. FACILITY NAME (If not institution, give t	itreet and number)		-14	12	WN OR LOCATI	DN OF DI	EATH	9	c. COUNTY O	F DEATH		
ğ	SINAI HOSPITAL				BALT	MORE							
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY		
	MARYLAND -			BAI	LTIMO	RE					XX YES 2 NO		
AL	10e. STREET AND NUMBER					10f. ZIP COD	E		1	iog. CITIZEN C	F WHAT COUNTRY?		
Ä	2434 W. BELVEDE					212	215			U.S.	.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2/XN MR OR DATES	AED O	If ye	DECENDENT OF STREET	in, Mexica	n, Puarto	i? (Specify Yas or Rican, stc.)	В	ACE — American Indian, llack, White, etc. pecify: WHITE		
	15. DECEDENT'S EDU (Specify only highest grade	(CATION completed)	18a. DEC	CEDENT'S U	SUAL OCCU	PATION		16b	. KIND OF BUSIN	ESS/INDUSTR	Υ		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)			g most of worki	79						
MP	12		HOME	MAKE	3				OWN HO)ME			
	17. FATHER'S NAME (First, Middle, Last)								Middle, Melden Su	mame)			
BE	SOLOMON GOLDMAN 19s. INFORMANT'S NAME (Type/Print)						ELA	FIAN					
2	DANIEL KAMERMAN	(SON)							ber, City or Town, S				
	20a. METHOD OF DISPOSITION	(3011)	20b. PLACE A				PLA		E 20c. LOCAT		LAND 21045		
	1XXBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	BETH	natory or other	er piace)	ETERY	2	1	2 ELMO				
	21. SIGNATURE OF SUNERAL MERVICE LI	CENSEE	11	D.11 11									
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. 21045												
	23. PART I. Enter the disesses, or	complications the	t coursed the day	th Do no							Approximate		
N	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	List only one cau	PSIS (OR AS A CONSEO								Intervel Between Onset and Death		
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that lottled cause). DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTI	that initiated evente resulting in death) LAST												
CAL	PART II. Other eignificent condition	ne contributing to	deeth but not re	esulting in	the under	lying ceuse	given in	Pert I.	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DIG			· ·						1 🗌 YES 2 🗎	NO	COMPLETION DF CAUSE DF DEATH?		
MEDI											1 TES 2 NO		
AN	OF WAS CASE DESCRIPTION TO MEDICAL												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF D	-						
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3		-	Home 5 R	sidence			IBY OCCUPE			
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 TYES 2 NO											
ВУ	2 Accident Investigation 3 Suicide & Could not be	partion 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Burel Boute Number)								ral Route Number			
回	3 Suicide 6 Could not be 4 Homicide distarmined 288. PLACE OF INJURY — At home, farm, street, factory, office 288. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLET	29a. CERTIFIER Check only	CIAN: To the best of	my knowledne des	th occurred	at the time	data and place	and thus	to the en	(a) and mana	a an elated			
ME											se(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIC	ahban	~ , M	D.			ENSE NUI			9d. DATE SIGN			
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETEO CAUS	SE OF DEATH (ITEM	127) (Typo, F	Print) Ho	SPI-	THL	- 0	F BA	LTI	MURE		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	4 . 9	0.1.0								
	EED	4 11992	Juna van	(COOV-/	Juntarios								

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PITML, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	HAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detach	in at nours and obtain with the state beta, or relating to investigation, but defined by the modes. The state of the state
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1 - FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

DELORES L. LEAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONTH DAY YEAR OF DEATH ON THE DAY YEAR OF DAY YEAR OF DEATH ON THE DAY YEAR OF DEATH ON THE DAY YEAR OF DAY YEAR OF DAY YEAR OF DAY YEAR OF DAY

	· ·							2. DATE OF DEATH MONTH DAY YEAR				. TIME OF DEATH		
	DELORES L. LEAF							MONTH	9	Z	9. A. M			
	4. SOCIAL SECURITY NUMBER	ER 5. SEX 8. AGE (In yrs. lest		s. last birthday)				7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign			
	216-28-9840	hation olim	1 M 2 X F 59 YAS.			MONTHS	DAYS	HOURS OR LOCATE	MIN.				LTO.,MD.	
O.B.	1127 HOMESI	PUN D					SADE		ON OF DE	AIN		ANNE		
5	RESIDENCE OF DECE	DENT	ν		100 CI	Y, TOWN (OR LOCAT	ION					Τ.	od, INSIDE CITY
DIRECTOR	MARYLAND		E ARUNDE	L	100. 01		SADE							LIMITS?
AL.	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CITIZE	N OF WH	AT COUNTRY?
监	1127 HOMESPI	UN DR	IVE					2122	2				U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 M 3 Wildowed 4 NOIVORGE		12. WAS DECEDEN FORCES?	IT EVER IN U.S I YES 2' MAR OR DATES	NO		If yes, sp		ın, Maxica	IIC ORIGIN? (S n, Puerto Rica /:		or No — 1		- American Indian, White, atc. WHITE
<u>□</u>	15. DECED (Specify only h	DENT'S EDU	CATION completed)	16a	DECEDENT'S	work done	CCUPATIO	DN ast of working	na	16b. KH	ND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12 UNAVAILABLE		College (1-4 or 5	+)	life. Do NOT L	se retired.) PACK				R	HERS	CAND	V	
S S	17. FATHER'S NAME (First, Midd	dle, Last)				I HOIC		19. MOT	HER'S NA	ME (First, Midd			1	
BE C	WILLIAM C.	. DOE	RING						INE	Z (UNA	VATL	ABLE)		
	19a. INFORMANT'S NAME (Type				19b. MAILING	ADDRES	S (Street a	nd Numbe		Route Number,			ode)	
유	JOHN W. LAN	NHAM,	JR.		529 S	. LO	NGWO	OD S	TREE	T-BALT	IMOR	E, MD	. 21	223
	20a. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremation 4 Donation 5 Other (S)	3 Ren	noval from Stala	20b. PLA	CE AND DATE	OF DISPOS	SITION (Ne	eme of		DATE	20c. LO	CATION — CI	ty or Town	
	21. SIGNATURE OF FUNERAL		CENSEE	- I ron	DUN PA			EKY	SS OF FA	2/16	BA	LTIMO	RE	
	► Qnun	n 2	Finher	7		H	UBBA	RD F	UNER	AL HOM			E M	D 21220
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or raspiratory strest, ahock, or heart failure. List only one ceuse on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Finel disease or condition)										A			
	resulting in death) s. // CFAS FALLE (FALM O CANALISME IN SUBER / I WINNOW) DUE TO (OR AS A CONSEQUENCE OF):									h				
NO.	Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF):													
ICAT	Cause. Enter UNDERLYING CAUSE (Disease or Injury													
CERTIFICATION	that initiated events resulting in death) LAST													
	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY ENDINGS													
MEDICAL	PERFORMED? AWAILABL COMPLET											MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME										1 Tes 2 No				
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
14S	1 VES 2 NO		1 Inpatient 2			4 🗆 Nur	rsing Hor		esidence	6 Other (S				
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident	ending vestigation	28a. DATE Of (Month, I	Pay, Year)	28b. TII	JURY M	WC	URY AT ORK? YES 2	_ NO	28d. DESCRI	BE HOW II	NJURY OCCU	IRED	
8	3 Suicide 6 C	ould not be elermined	28a. PLACE (building	OF INJURY — A , atc. (Specify)	At home, farm,	street, lac	tory, offic	a		281. LOCATIO	ON (Street a own, State)	and Number o	r Rurel Ro	ute Number,
COMPLET	29a. CERTIFIER 1 CERTIF	YING PHYS	SICIAN: To the best o	f my knowledge	e, death occur	red at the t	lime, date	and place	a, and dua	to the cause(a) and mar	mer as states	1.	
OMI	and /													and manner as stated.
	29L SIGNATURE AND TITLE OF CERTIFIER						29s. LIC	ENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Mar)	
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F	DR. WILLIAM						NUE-	BALT	IMOR	E, MD.	212	29	/	1
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	(0													DHMH-16 Rev 1/89

3. TIME OF DEATH

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2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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0515 an 2 7. DATE OF BIRTH (Month, Pay, Year) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 18-32 DAVE MIN 68 ma propietely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should cremation, or removal. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Medical Baltimere City DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21201 6 12. WAS DECEDENT EVER IN U.S. ARMSD 24 hours after death. Page 6 may be retained by the hospital or attending physician. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubin, Mexican, Puerto Ric 1 ☐ YES 2 ☐ NO Specify: 1 Never Merried 2 Married YES, GIVE WAR OR DATES Black BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Shoreman Th NAME (First, Middle, Last) FATHER'S Malden Surname) MAMO notified at 8 BE 19b. MAILING ADDRESS (Str 2 å PLACE AND DATE OF DISPOSITION (Nat THOO OF DISPOSITION DATE 20c. LOCATION examiner must rial 2 Cramation 3 G Re emen on 5 C Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ave or other traumatic event, the medical 23. PART i. Enter the diseases, or compilications that caused the death. On not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Squamus attending physician and completely executed within DUE TO (OR AS A CONSEQUENCE OF) DIRECTOR: After this certificate has been signed by the attending physician and com hours after death with the State Dept. of Health and Mental Hygiene prior to burial, 'I tem 28 is marked, or Item 23 shows any Injury, or other traumatic ev neumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING 8 Or sto inteshhal death certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 | Nursing Home 6 | Residence 6 | Other (Specify) 1 YES 2 NO PITAL OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpetient 3 - DOA 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27, MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO B 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide SORTANT: If Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. PUNERAL I 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296/SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) St. Paul Mace Wic a 32 MEGISTHAN'S SIGNATURE 31. DATE FILED (Month) EB/44 2 OHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

3. TIME OF DEATH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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10,1992 LAURA F. MASSEY FEB. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH! (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) CONTHS DAYS HOURS MIN. 1 M 2 X F 215-10-6620 83 OCT.21,1908 MARYLAND ay be retained by the hospital or attending physician.
page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not Institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN BALTIMORE, CITY UNION MEMORIAL HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. BALTIMORE, CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21218 APT. 1-B 905 BELGIAN AVE. U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Not4. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married If yea, apocify Cuben, Maxican, Puarto Rican, atc.)

1 YES NO Specify: Specify: WHITE IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) PRODUCTION PLANNER AIRCRAFT 12 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Meiden Surname) ARCHIE T. FIELDS JULIA P. ROLPH Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BALTIMORE, MD. 21212 PO BOX 4532 WARREN P. KENNEY MRS. e 20a. METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION - City or Town, Stata must and completely filled in by the funeral director, o burlal, cremation, or removal. CHURCH HILL CEMETERY 2/14 4 ☐ Donation 5 ☐ Other (Specify) CHURCH HILL, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS AND SONS ·Kuch 4905 YORK ROAD, BALTIMORE, MD. 21212 medical 23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or rappiratory errect, shock, or haart feliure. List only one ceuse on each lina. **IMMEDIATE CAUSE (Fine)** the disease or condition DUE TO (OR AS A CONSEQUENCE OF): SIS resulting in death) event. executed traumatic CERTIFICATION Sequentially list conditions, if any, leading to immadiate DUE TO (OR AS A CONSEQUENCE OF): 0 the attending physician Mental Hygiene prior to å . Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 injury, PART II. Other eignificant conditione contributing to death but not recuiting in the underlying cause given in Part t. MEDICAL 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY has been signed by the Dept. of Health and M PERFORMED? COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item . 28. PLACE OF DEATH (Check only one) The this certificate his with the State C HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Realdenca 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation IA M 1 TYES DIRECTOR; After the hours after death vitem 28 is mari B OR ATTENDING 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Nomicide 29a. CERTIFIER (Check only Check only 1 🔀 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date end pieca, end due to the ceuse(e) and manner as stated. TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Kesider benon 6435 ARZ348 10 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) The Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH February 12, 1992 0de11 Mack 12:58am M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212 26 1429 North, Day, Year) 03 18 28 63 1 XXM 2 □ F SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore City 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 X YES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1101 DRUID HILL AVE. APT.1304 21217 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES Ă 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced BY SpecifAFR. AMER. ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL SAW OPERATOR LUMBAR YARD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ELLEN MAE MACK HANNIGNN MACK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GLENDELL MACK 1911 E. 30th Street BALTIMORE, MARYLAND 21218 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify) CEDAR HILL CEMETERY 02 18 92 GLEN BURNIE A.A.CO. Md 21. SIGNATURE OF ANEJOL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY ESTEP BROS. FUNER BROS. FUNERAL HOME P.A.1300 EUTAW PLACE 04 BALTIMORE, MARYLAND 21217 23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on seen line. Approximata Interval Retween IMMEDIATE CAUSE (Final Onset and Desth disease or condition_ Bilatetal Pneumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE XX YES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Sinpetient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Homa 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending BY 1 YES 2 NO Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, tectory, offica building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29s. CERTIFIER
(Check only one)

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of exampleation and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

n/a

c/o Maryland General Hospital

31. DATE FILED (Month, Day, Year) Tune day don Thingle FEB 1 4 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29b. SIGNATURE AND TITLE OF CERTIFIER

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29d. DATE SIGNED (Month, Day, Year)

a rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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THE FUNERAL DIRECTOR: filed within 72 hours after

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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH SYNNOVE QUAM NEELY 1 OPAY 97EAR 2:30A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 - M 2 XX DAYS 085-10-6471 76 4-20-15 Norway 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7 York Court DIRECTOR Baltimore N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland N/A Baltimore 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 York Court 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXXVO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-II yee, specify Cuben, Mexican, Puerto Ricen, atc.) 1 YES 2 XXXX Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY XX Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) Homemaker N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Karl Peter-Thomas Reikvam notified at Caroline Olsen 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sharon L. Halm 7 York Court Baltimore, Maryland 21218 be 20e. METHOD OF DISPOSITION

1 Burlel 2AXCremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Greenmount Crematory 4 Donetlas 5 Other (Specify) 2/11 Baltimore, Maruland 21. SIGNATURE OF FUNERAL BETTY CE LICENSEE

Dennis Stephen Kenakis examiner 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home M00640 6500 York Road Baltimore, Maryland 21212 medicai 23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between **IMMEDIATE CAUSE (Final** Onsat and Daeth disease or condition other traumatic event, the Metastatic Non-small cell lung cancer
DUE TO (OR AS A CONSCOUENCE OF): resulting in death) CERTIFICATION Sequentially llat conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated aventa resulting in dasth) LAST shows any injury, PART ii. Other aignificant conditions contributing to dasth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 XNO OTHEH:
4 □ Nursing Home 5 KReeldence 8 □ Other (Specify) lient 2 - ER/Outpatient 3 - DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Accident 3 Sulcide 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 28 is COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the ceuse(e) end menner ee stated, 29e. CERTIFIER 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. 5 304 28 BE 29d. DATE SIGNED (Month, Day, Year) 21 10 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P. BELANI FEB 14 1992 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21215-0020	pital or attending physicia	d for use as the burial-tr	
E, MARYLANI	y be retained by the hos	page 5 should be detached	be notified at once.
BALTIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ecuted with	od complet	tle event
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)	TO THE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II

	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND MENTAL HYGIENE OF DEATH REG. NO.	92	0397
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,	FOR STATE REGISTRAR	STATE OF MA	RYLAND	/ DEPAF	TMENT	OF HEALTH OF DEAT	AND ME	ENTAL HYGIEN	E	h-	00	7	1
	1. DECEDENT'S NAME (First, Middle, Las								LY .	YEAR	3. TIME OF D	EATH	_
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	217-18-0211	1 - M 2 XX	71	lasi birthday) YRS.	MONTHS I	AYS HOURS	BARNA	(Month, Day, Year)		Country	PLACE (State o	-	
	9a. FACILITY NAME (If not institution, give		/ 1		9b. CITY T	OWN OR LOCATION		AN. 29,19	9c, COUNT		ISYLVA	NIA	
8	ST. AGNES HOSPI					LTIMORE		n	9c, COUNT	- OF DE	AIH		
یز	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			I in our									_
DIRECTOR		TIMORE			Y, TOWN OR	SVILLE					10d. INSIDE C		
	10e. STREET AND NUMBER	T T T T T T T T T T T T T T T T T T T			OHION	101. ZIP CODE			10e CITIZE		1 TYES 2		_
FUNERAL	1306 RICE AVENU	E				212				U.S.		r	
J.	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S.	ARMED	13. WA	S DECENDENT O	F HISPANIC	ORIGIN? (Specify Yes		I. RACE	— American I	ndlan,	
ВУ	1 Never Married 2 Married 3 Widowed 4 XXDivorced	IF YES, GIVE WAR	OR DATES	JNO		YES 2 XXIO	n, Maxican, F Specify:	uerto Rican, atc.)		Specify	White, atc.	r en ra	
	15. DECEDENT'S EL	DUCATION	16a. [DECEDENT'S	USUAL OCC	IPATION		18b. KIND OF BUS	INESS (INDIA)	TRY	WH.	LTE	
ĒŢ	(Specify only highest gra	College (1-4 or 5 +)		(Give kind of vi ife. Do NOT us	work done dur	ng most of working	g	IOD. KIND OF BUS	IMESS/INDUS	SIHY			
COMPLETED	12		Н	OUSEW	IFE			OWN HO	ME				
	17. FATHER'S NAME (First, Middle, Last)					1		(First, Middle, Maiden			-		_
8	ELMER D. KURTZ 19a. INFORMANT'S NAME (Type/Print)							INE R. RO		-			
2	PAUL HOSKINS	(SON)						te Number, City or Town			1000		
	20a. METHOD OF DISPOSITION					N/Name of	CATON	SVILLE, MA			1228		
	XXBurial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata				ETERY	2/1)	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DRUID RIDGE CEMETERY 2/15/92 BALTIMORE, MARYLAND 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES												
	1 Indany	litch -4	8/171	19									
	23. EART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reappratory arrest, Approximate										. 2		
W A	interval Between												
	disease or condition reaulting in death)	. MA	351VI	3 r	Moci	AROUN	V I	NASCAL	DN-				
~	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequantially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										-		_
CAI	any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
TE	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										_		
H	d												
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
DIC	PERFORMED? AWAII										AVAILABLE PRIC		
ME.								. - '	~		OF DEATH?	NO	
AN.	26 1990 0205 DESCRIPTION TO ALCOHOLOGICAL												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 NO	HOSPITAL:	-31 (-13 -11)		OTHER:	88. PLACE OF DE	ATH (Check of	only one)					_
H	27. MANNER OF DEATH	1 Inpatient 2 EF		3 DOA	V -	Home 5 Res							
ВУ Р	1 Natural 5 Pending	(Month, Day,)	(ear)	INJ	URY I	WORK?		d. DEŞCRIBE HOW IN	JUHY OCCUP	ŒD			
	2 Accident Investigation 3 Suicide 8 Could not be	28 DI ACE OF IN	JURY - At h	ome, farm, s	treef, tactory,			t. LOCATION (Street ar	nd Number or	Rural Ro	uta Number,		
COMPLETED	4 Homicide determined	Schaing, ac.	(Specify)					City or Town, State)					
P	29a, CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beat of my	knowladga, d	leath occurre	d at the fime	data and placa,	and due to t	he cause(a) and mann	or as stated.				_
ő	one) 2 MEDICAL EXAMIN	NER: On the basis of exami	nation and/or	Investigation	n, in my opini	on, death occure	d at the time	, data and place, and	due to the c	ause(s)	and menner as	atated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICE	NSE NUMBER	R	29d. DATE S	IGNED (Month, Day, Yea	r)	_
2	IN MANU AND ADDRESS OF BEREOUT	MGNPZ HZ	SP.			S5.1	MEZ	1+238	> 2	12	92		
	OKETUNT, AYORU	THO COMPLETED CAUSE O	DN A	V. [ATI	work	· 0	ND 212	225.				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S 14 1992	SIGNATORE	Davido	on-Agn	الماك							-
		7- 1995			THE STATE OF THE STATE OF	aller III							

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BALTIMORE, MARYLAND 21215-00	24 hours after death. Page 6 may be retained by the hospital or attending of	filled in by the funeral director, page 5 should be detached for use as the bion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTHAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM L. PETTIS 2. DATE OF DEATH MONTH DAY VEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 6. AGE (In yrs. last birthday) 6. AGE (In yrs. last birthday) 6. AGE (In yrs. last birthday) 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (AGRI) 7. DATE OF BIRTH (AGRI) 7. DATE OF BIRTH (AGRI) 7. DATE OF BIRTH (Dummy)
	ON TO THE MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN
OR	2422 Seabury Road Apt A BALTIMORE CITY
SCT	RESIDENCE OF DECEDENT 10e, STATE / 10b, COUNTY 10e CITY TOWN OR (OCCUPY)
DIRECTOR	106. COUNTY 106. CITY, TOWN OF LOCATION 106. LIMITE? 1 VEB 2 NO
FUNERAL	2422 Seabury Road Apt A 2125 111, CITIZEN OF WHAT COUNTRY?
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 16. H yea, specify Carben, Mexican, Puerto Rican, atc.) 16. YES, GIVE WAR OR DATES 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 16. H yea, specify Carben, Mexican, Puerto Rican, atc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 16. H yea, specify Carben, Mexican, Puerto Rican, atc.) 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 17. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No- 18. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECENDENT OR HISPANIC OR HI
D BY	S DECEDENT'S FOLICATION
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16m/ DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use fettined.) 16b. KIND OF BUSINESS/INOUSTRY
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. MOTHER'S NAME (First, Middle, Last)
TO BE	19e. INFORMANTS NAME (Type/Print) 19b. MAILING ADDRÉSS (Street and Number or Alval Route Allumber, City or Brin, State, Zip Code) 2422 Labury of Type (Type) 2425
	20s. METHOO OF DISPOSITION 1 Deurlai 2 Cremetion 3 Removal from State 4 Donation 5 Dother (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1 1 1 1 1 1 1 1 1
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
	shock, or heart failura. List only one cause on each line. Approximate interval Between Onset and Death Onset and Death
	disease or condition resulting in death) a. CARDIO MYOPATHY
	DUE TO (OR AS A CONSEQUENCE OF):
NO	Sequentially list conditions, b.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING
Ë	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):
EB	resulting in death) LAST
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS
EDICAL	PERFORMED? AMAILABLE PRIOR TO
	OF OEATH?
2	1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCURATE ACCU
S	1 No YES 2 NO 1 Impetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 N Residence 6 Other (Specify)
Y PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK? 26d. DESCRIBE HOW INJURY OCCUREO
ED BY	Accident Investigation 3 Suicida 6 Could not be determined determined determined in the country of the country
	29e. CERTIFIER
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CRITIFIED 29c. LICENSE NUMBER 0 · C · M · E · 29d. DATE SIGNED (Month, Day, Year) 0 · C · M · E · 10 · C · M · E · 10 · C · M · E · 10 · C · M · E · 10 · C · M · E · 10 · C · M · E · 10 · C · M · E · 10 · C · M · E · 10 · C · M · E · 11 · M · Day, Year)
2	FRANK J. PERETTI M.D. 111 PENN STREET BALTIMORE MARYLAND 21201
	31. DATE FILEO (Month, Day, Year) FEB 14 1992 Julia Savidson Rendell

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0-20		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending presents to the hospital or attending presents.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tunent director page 5 should be detached for use as the burnal example armit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or remove	nett permit. Pages 1, 2, 3 should	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

61. DATE FILED (Month, Day,

1992

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Emma Plummer 9:40 92 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year 8. BIRTHPLACE (Stetp or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1-24 DAYS 1 M 2 XF Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 833 W. Pratt Baltimore Apt 10e. STATE 10b. COUNTY TOU GILY, TOWN OR LOCATION 10d. INSIDE CITY YIMUZ 1 YES 2 | NO FUNERAL 10a STREET AND NUMBE 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 33111 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married It yes, specify Cubs
1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done . Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) BE 2 200. PLACE AND DATE OF DE 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ . Metastatic Carcinoma of the Breast resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES ZXNO 1 YES 2 NO Inquiry PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Nome 5 Nesidence 6 ☐ Other (Specify) 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the ele of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 200. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) O.C.M.E. 1-29-92 9 ON NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DENE MANK

who Davidson-Randall

DNMH-16 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

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(T. 3. Should
	Pages
BALTIMORE, MARYLAND 21215-0020	emours after death. Page 6 may be retained by the hospital or attending physician. Illed in by the funeral director, page 5 should be detached for use as the burlal-transit permit. In, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician. INSECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 122-3 should be detached for use as the burial-transit permit. Pages 122-3 should be detached for use as the burial-transit permit. Pages 122-3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9 2
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR

_	nedioThAn				ENIII	ICAL	E OF	DEA	. п		REG. NO.			
	1. DECEDENT'S NAME (First									2. DATE OF MONTH	DA	٧	YEAR	3. TIME OF DEATN
	Clara Haze	PI Pre	SFON 5. SEX	6. AGE (In yrs. le	at historia il	IF UNDER	4 4540	IF UNDER		2/13		-	lia avera	M
	214-24-773	39	1 □ M 2XXF	76	YRS.	MONTHS	DAYS	HOURS	MIN.	10/0	7/15		Countr	PLACE (State or Foreign by) Ltimore
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATN		9c. COU	NTY OF D	
TOR	826 Powers		et				Ва	1timo	ore					
EC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	DB LOCA	TION						10d. INSIDE CITY
FUNERAL DIRECTOR	MD							timoı	ce_					LIMITS?
¥	10s. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
띨	826 Powe	ers St	reet					212	211		-		U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. AL	RMEO	13.	WAS DEC	CENDENT C	F NISPAN	IIC ORIOIN? (Specify Yee	or No-	14. RACE	E — American Indian, k, White, etc.
BY	3 Wildowed 4 Divo		FORCES?	YES 2XX	NO		1 Yes, sp	2 XXX	Specify	n, Puerto Rici	nn, etc.)		Speci	"y: White
COMPLETED		EDENT'S EDU		16a. Di	CEDENT'S	USUAL O	CCUPATI	ON .		16b. KI	ND OF BUS	INESS/IN	DUSTRY	
Ē	Elementary/Secondary (0		College (1-4 or 5	H)	. Do NOT u	se retired.)	aunng mo	ost of working	ng					
릴	12th		CONT. I G		Super	rvisc	or				Oil	Comp	oany	
5	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	NER'S NA	ME (First, Mide			, ,	
<u>ы</u>	John Edwa	ard Pr	eston					37.7		lara A			770	
BE	19a. INFORMANT'S NAME (7			19	b. MAILING	AOORES	S (Street	and Number	or Rumi I	Route Number,	City or Thur	State 75	o Codel	
٤			el Presto							t Wes				21158
	20a. METNOD OF DISPOSIT	on 3 🗆 Rem	noval from State	20b. PLACE cemetery, cre						OATE			City or To	
	4 ☐ Donation 5 ☐ Other	(Specify)		Lorra	iné l					$\frac{12}{18}$	Ba	altin	nore,	MD
	21. SIONATURE OF EUNERA	LSENVICE	CENSUE	(1				ND ADDRE			coo-F	Ionas	Fire	oral Homa
	Kus	rent	(and	ente	V	36	31	Falls	Rd.	. Bal	to, M	D	2121	neral Home .1
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition	aart tanure.	complications the List only one cau	ise on each line	the Do	,		de of dy	ing, suci	h as cardied	or respir	retory an	rest,	Approximate interval Batween Onset and Dasth
	resulting in death)	7	DUE TO	(OR AS A CONSE										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
SE	cause. Enter UNDERLY! CAUSE (Disesse or inju- that initiated events	iry	cOUE TO	(OR AS A CONSE	OUENCE O	F):								
CERI	resulting in death) LAS	T L	d											
	PART II. Other significs	nt condition	ns contributing to	deeth but not	raaulting	in the ur	deriyin	g ceuse g	lven in	Part I. 24	a. WAS AN		24b	WERE AUTOPSY FINDINGS
일											PERFORE			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										'	1E3 2			OF DEATH?
										_				1 YES 2 NO
Z	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	LACE OF O	EATN /Ch	ack only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpolland 1	□ 004	OTHER	₹:				- 44			
H	27. MANNER OF DEATH	-							sidence	8 Other (S		HIDV OO	CURER	
28a. DATE OF INJURY 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO								280. OESCH	IBE NOW IN	JUHY OC	CUHED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, for building, etc. (Specify)						ory, offic	•		28f. LOCATION City or 1	ON (Street ar own, State)	nd Number	or Rural F	Poute Number,
COMPLETED	29a. CERTIFIER 1 CERT	TIFYINO PNYS	ICIAN: To the best of	my knowledge, de	ath occur	ad at the t	Ime date	and place	and due	to the counci	0) 000 000			
OM) and manner as stated.
BEC	286. SIGNATURE AND TOTAL	OF CERTIFUE	r					29c. LICE	NSE NUM	IBER	T	29d. DAT	E SIGNEO	(Month, Day, Year)
	//0	w		Mi)			D	7-	17.G		•	7/1	14192
2	DO. NAME AND ADDRESS OF													
	177	7 Reis	terstown	Road. H	Pikes	vill	e. M	farv1	and					
	31. DATE FILED (Month, Day,	,		IN S SIGNATURE										
		FEB.	4 1992	Julia D	widson	-Adap	لالك							
				U										

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 5 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE HOSPITAL IN INC. A standard or titlem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	tem19 20b,c,Film685,3 FOR - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)			ERTIF					T	E OF DEA	TH .			3. TIME OF DEATH
	MILTON	C. PO	OTTINGER						MON	TH	DAY	,	YEAR	6:18 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDE	9 24 HRS.	7. DAT	E OF BIRT	10 H	T	8. BIRTI	IPLACE (State or Foreign
	104-54-1814	1√XM 2 □ F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	1-18	-59)	Count	Jamaica
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH			9c. COUN		
חומפטוסא	3205 ELGIN AVENUE													
וני	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN C									10d. INSIDE CITY
5	Mđ.			R:	alti	mor	0	ма						LIMITS?
₹	10e. STREET AND NUMBER				4464		ZIP COD					10g. CITIZ	EN OF V	WHAT COUNTRY?
LONEDAL	3205 Elgin	Avenue					212	16				II	.s.	Δ
5	11. MARITAL STATUS 1 X Never Merried 2 Merried	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT (OF HISPA	NIC ORIG	IN? (Speci	fy Yee o	r No-	14. RACE	E — American Indien, k, White, atc.
	3 Widowed 4 Divorced		MAR OR DATES			1 TYES	2 X NO	Specil	y:	o ricelli, et	C.)			Black
	15. OECEDENT'S EDI	UCATION	18e, O	ECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND O	E DITEN	JESS /INDI		
	(Specify only highest grad	le completed) College (1-4 or 5	(0	Give kind of a. Do NOT u	work done	during mo	st of worki	ng	"	a. KINO U	r boşir	NE35/INDU	JOINT	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the time dainy certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the minding physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS PO. BOX 68760, 1.08 ATTENDING PHYSICIAN: The law requires the contracts be executed within

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, or Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM				HYGIENE REG. NO.			700
	1. DECEDENT'S NAME (First, Middle, Last)	Uni	SON PARKS			2. DATE OF MONTH		4	3. Z	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 6. S 212-14-0476 XX	6. AGE (In 72	yrs. last birthday) IF L YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF (Month, I	виктн Рау. Year) 18-19	0.	Country)	ACE (State or Foreign y land
5	9a. FACILITY NAME (If not institution, give street as ST. JOSEPH RESIDENCE OF DECEDENT	Hospits	g L 96.	Town of	SO A	ATH	BAG	BALT, MDRE		
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ENAL	420 Chumleigh Road			101.	ZIP CODE 21212			10g. CITIZEN		AT COUNTRY?
BY FUNERAL DIRECTOR	1 Never Married 2 -Married	WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DAT	A. No		NDENT OF HISPAN Lifty Cuben, Mexica NO Specify	n, Puerto Ric		or No- 14.	Black, V	American Indian, White, etc.
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	17. FATHER'S NAME (First, Middle, Last) Samuel Elmer Parks				16. MOTHER'S NA			Surname)		
N N	190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	Pres (Characters)		Allis		Carto Tin Co	-4-1	
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	20a METNOD OF DISPOSITION	20h	PLACE AND DATE OF			OATE	_	ATION — City	_	
	XXBuriel 2 Cremation 3 Removal f	rom State of ce	metary, crematory or or SSOP Ceme	tery		2/13		rks Ma		
	G. Joseph Fer	l Fen	100203	22. NAME AND	ADDRESS OF FA Mito York Roa					nd 2 1 212
	23. PART I. Enter the diseases, or companock, or haert feilure. List of the company of the compa	Cours to	ch line.	_			oc or reapir	atory arrest	,	Approximate Interval Between Onaet and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C								years
MEDICAL C	1 1 5 0 4 1	ntributing to death but to bronch to		a underlying	ceuse given in		24a. WAS AN A PERFORM	MEO?	C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2
	Left bundle s	much ble	och							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	l m	26. PL/ HER:	ACE OF DEATH (Ch	eck only one)				
2	1 VES 2 190 1	Insetient 2 - ER/Outpe	tient 3 DOA 4	Nursing Home	5 - Realdence					
	27. MANNER OF DEATN Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WOF	RY AT RK? ES 2 NO	28d. DESC	RIBE NOW IN	IJURY OCCUP	RED	
ED BY	2	28e. PLACE OF INJURY - building, etc. (Specif	— A1 home, farm, stree (y)		ES 2 NO		TION (Street a Town, State)	nd Number or	Rural Rou	ite Number,
COMPLEI	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or	: To the best of my knowle								and menner as stated.
O BE C	29b. SIGNATURE MND TITLE OF CERTIFIER	Bishai	M.D.		29c. LICENSE NU	333	Up	29d. DATE S	IGNED (A	Yorth, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF DEA	Baltim		1D 21	218	/wil	lian	Bi	shai MD
	31. DATE EILED (MONTH DAY 992	82. REDISTRAR'S SIGNAL	TURE OF			7				

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Edward	I. Phane	uf			F DEATH	2. DATE OF O	EG. NO. EATH •13, 199	92 YEAR	3. TIME OF DEATH
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR		7. DATE OF B (Month, Day	RTH Year)	8. BIRT	NPLACE (State or Foreign
	1 🖾 M 2 🗆 F	7	6 YRS.				10/15	lew York	
a. FACILITY NAME (If not institution, give					N OR LOCATION OF	DEATN	20.00	UNTY OF	
Summit Nursin	д ноше			Balt	imore		Ba	altin	ore
Da. STATE 10b. COUN	oward	10c. CITY,	TOWN OR LO	COTT Cit	У			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
3304 North Ri	dge Road				101. ZIP CODE 2104	3		USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WART OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specity Yea or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American If yes, specify: Specify: White, alc. 15. WAS DECEDENT OF NISPANIC ORIGIN? (Specity Yea or No— If yes, specify Cuban, Mexican, Puarto Rican, etc.) 16. RACE — American If yes, specify: NO 17. White								CE — American Indian, ck, Whita, alc. chy:	
15. DECEDENT'S ED (Specify only highest gra		-	(Give kind of wr	JSUAL OCCUP	ATION most of working	16b. KINI	OF BUSINESS/IP	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	lie. Do NOT use	retired.)					
8			Linewo	rker	_		tility		
7. FATHER'S NAME (First, Middle, Lest) Edward Phaneu:	e						, Maiden Surname))	
EUWALU PITATIEU.	Ц.				-	rri Cori			
Gladys W. Pha	nourf				et and Number or Rui 1 Ridge R				id 21043
3. PART I. Enter the diseases, o	r complications the								outus,Md
MMEDIATE CAUSE (Final lesses or condition southing in death) sequentially list conditions, leny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events	e. DUE TO DUE TO C.	REBE	EQUENCE OF	ot enter the		OENT	or reaplratory a	erreet,	Approximate interval Betwee Onset and Dea
MMEDIATE CAUSE (Final fleeses or condition esuiting in desth) Sequentially list conditions, f eny, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	e. DUE TO DUE TO DUE TO	OR AS A CONS	EQUENCE OF	ot enter the	mode of dyling, a	In Part I. 24a	or reaplratory a	PROSI	Approximate interval Between Onset and Dea
MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentially list conditions, from, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST PART II. Other algnificant conditions are also as a condition of the condition of	b. DUE TO c. DUE TO d. One contributing to	COR AS A CONS OF AS A CONS OF AS A CONS OF AS A CONS OF AS A CONS OF AS A CONS OF AS A CONS OF AS A CONS	EQUENCE OF	ot enter the	mode of dying, a	In Part I. 24a	CASCO CONTRACTOR OF THE PROPERTY OF THE PROPER	PROSI	Approximate interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death) LAST PART II. Other algnificant conditions are suiting in death and suiting in death are suit	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	Jee on each little CREBR (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	EQUENCE OF	ot enter the second of the underly continued to the underly continued t	INJURY AT WOORK?	In Part I. 24a	WAS AN AUTOPS: PERFORMED? YES 2 NO	Y 24	Approximate interval Betwee Onset and Dea Dea Onset and Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
MMEDIATE CAUSE (Final fleesse or condition esuiting in death) Sequentially list conditions, f eny, leeding to immediate sause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other algnificant conditions or conditions o	b. DUE TO DUE	Jee on each little CREBR (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	EQUENCE OF EQUENCE OF SEQUENCE	ot enter the	VING cause given ARCTIC PLACE OF DEATH INJURY AT VES 2 NO	In Part I. Check only one) 28d. DESCRIE	WAS AN AUTOPS: PERFORMED? YES 2 NO	PROST	Approximate Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are conditionally conditionally conditionally capable conditionally conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable conditionally capable capable conditionally capable conditionally capable capable conditionally capable	DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28. PLACE (building (SICIAN: To the best of	Jee on each little CREBP (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	SEQUENCE OF EQUENCE OF SEQUENC	ot enter the	Ving cause given ARCTIC PLACE OF DEATH NUMBER AT VES 2 NO rifice	In Part I. 24a OKASP Check only one) 28d. DESCRIE 28f. LOCATIO City or 70	WAS AN AUTOPS: PERFORMED? YES 2 NO NO (Street and Number), State)	Y 24	Approximate Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

33. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

FEB 1 4 1992

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Z	SEC.	12	E
HUSPITAL OF ALTENDING PHYSICIAN. The law requires that the death certificate be executed within 2000 and death. Made o may be retained by the hos	EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	GETANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTA	L HYGIENE REG. NO.					
t. DECEDENT'S NAME (First, Middle, Last) ADA I. ROBINSON 2. DATE OF MONTH 7							OF OEATH	YEAR 97	3. TIME OF DEATH			
8	214-03-1564 1 9e. FACILITY NAME (If not institution, give street	M 2 X 78	M 2 THE TABLE TO THE DAYS HOURS MIN. (Month, Day, Year) Country) MARYL,									
DIRECTOR	JOSEPH RICHEY HOUS RESIDENCE OF DECEDENT 100. STATE MARYLAND	E	10c. CITY, TOWN OR LOCATION BALTIMORE					100				
FUNERAL D	100. STREET AND NUMBER - 2127 WILKENS AVEN	IIE			ZIP CODE 21223	NO WHAT COUNTRY?						
BY		WAS DECEDENT EVER IN U.S. FORCES? 1 YES 21 IF YES, GIVE WAR OR DATES	ARMED	If yes, spe	ENDENT OF NISPA Holfy Cuban, Maxic 2 X NO Spec	en, Puarto		-				
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) HIGH SCHOOL GRAD 17. FATHER'S NAME (First, Middle, Last)	HIGH SCHOOL GRAD HOMEMAKER						OTNER'S NAME (First, Middle, Meiden Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)								20			
	GEORGE E. ROBINSON 20e. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDAL SERVICE LICENS	from State cemetary.	CEAND DATE OF D Cremetory or other DON PARK	SPOSITION (Ne place) CEMET 22. NAME AN HUBBAR	ERY D AODRESS OF F	2/1 ACILITY AL HO	PE 20c. LOCA 7 BALT DME INC.	ITION — CITY OF T				
CERTIFICATION	23. PART i. Enter the diseases, Dr comehock, Dr heert failure. Liet iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF): SEQUENCE OF):	nug R	lrvas		dlec or reepire	tory arrest,	Approximate interval Between Onset and Death MUM-GS 2485			
	PART II. Other aignificent conditions of					Part i.	24s. WAS AN AI PERFORM 1 TYES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL		28. PLACE OF DEATH (Check only one) OFFITAL: Inpatiant 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Officer (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At home, farm, strast, factory, offica building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, strast, factory, offica 28s. PLACE OF INJURY — At home, farm, strast, factory, offica 28s. PLACE OF INJURY — At home, farm, strast, factory, offica 28s. PLACE OF INJURY — At home, farm, strast, factory, offica 28s. PLACE OF INJURY — At home, farm, strast, factory, offica										
COMPLETED	29a. CERTIFIER (Check only	i: To the best of my knowledge in the basis of examination and							s) and manner as stated.			
TO BE C		MPLETED CAUSE OF DEATH	ITEM 27) (Type, Pri	nt))08	980		▶ 2-1	D (Month, Day, Year)			
	31. DATE FILED (Month, Day, Year) FEB 14 1992	32. REGISTRAR'S SIGNATUR	E	& N.	-u Yau	1004	. Var (8	e Ma	21201.			

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)						LA.	2. DATE OF D	DEATH			3. TIME OF DEATH
		Н.		REI	ED S	SR.		0 2	09 DAY	1992	EAR	8:24 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER		F UNDER 24 HRS.	7. DATE OF B (Month, Day	v. Yearl		_	LACE (State or Foreign
	228-36-3417 90. FACILITY NAME (If not institution, give s		61	YRS.			(2-m)	3/2	5/30			Va.
E I			" ^ ^ /				LOCATION OF DI			9c. COUNTY	OF DE	ATH
5	RESIDENCE OF DECEDENT		1904				IMORE	CITY				
DIRECTOR	10a. STATE 10b. COUNTY	1				R LOCATION	1					10d. INSIDE CITY LIMITS?
	A STORY AND WHAT									1 X YES 2 NO		
ERA	501 DOLPHIN STRE			101. 211	21217	7	Ì	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T. 904	RMED	13. W	MAS DECENI	DENT OF HISPAI	NIC ORIGIN? (Sp	pecify Yes		RACE	- American Indian
BY F							Black, Specify	White, atc.				
ED B	15. DECEDENT'S EDUC	CATION	180.0	ECEDENT'S	1101141 00	CHATION		Tack Man				BLACK
III	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(1		work done di	furing most of	f working	16b. KINI) OF BUSI	NESS/INDUS	TRY	
COMPLET	9th	ponage (1 4 or 2	"					CON	STRU	CTION		
00	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle	, Maiden S	urname)	7	
BE	Unknown						HATTIE	Ree				
2	190. INFORMANT'S NAME (Type/Print) LILLIE REED		- 15	Sh. MAILING	ADDRESS	(Street and I	Number or Rural i	Poute Number, CI 904/BA	ity or Town,	State, Zip Co	MD 2	21217
	20e. METHOD OF DISPOSITION		20b. PLACE	E AND DATE	OF DISPOSIT	TION (Name o				ATION — City		
	1 Denti 2 Cremetion 3 Remo	oval from State		Z I ON						DOWNE.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE					ADDRESS OF FA				,	
	1-rance	XX	2		-WM	.C.MAF	RCH F.F	1./1101	E.	NORTH	AVE	NUE
	23. PART I. Enter the diseases, or cahock, or heart failure. I	omplications tha	it caused the d	esth. 90 i	not enter	the mode	of dying, suc	h as cardisc	or respire	atory arrest	,	Approximate
	IMMEDIATE CAUSE (Final					0						Intervsi Between Onset and Death
	disease or condition resulting in death)	. Ath	renscl	erot	ic	Car	diova	is cular		Visa	es	
_		DOE 10	(OR AS A CONSE	EOUENCE O	F):							
흔	Sequentisity list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONSE	EOUENCE O	F):							
2	csuse. Enter UNDERLYING CAUSE (Disease or Injury	c										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	P):							
		1.										-
CAL	PART II. Other significant conditions			resulting	in the und	Jerlying ca	ause given in	Part I. 24e.	WAS AN A			WERE AUTOPSY FINDINGS
EDIC	Diabet	res me	litus						YES 2	. /	(COMPLETION OF CAUSE OF DEATH?
Σ											1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					25 DI ACE	E OF DEATH (Chi	- the contract				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:			8 Other (Spe	~ 2E .1			
· H	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJURY	AT	28d. DESCRIB		JURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М		2 🗌 NO					
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — A1 ho etc. (Specify)	ome, ferm,	Hreat, factor	ry, office		28f. LOCATION Cify or Tow	(Street and	d Number or I	Rural Ro	ute Number,
E .												
COMPLET	(Check only	CAN: To the best of	my knowledge, d	eath occurre	ed at the tim	ne, date end	piaca, and due	to the couse(a)	and menn	er as stated.		
	2 MEDICAL EXAMINER 29b. SIGNATURE AND THE OF CERTIFIER		(e//inanion and/or	Investigatio	n, in my op							
H	No.	1	00	8 .	0	29	o. LICENSE NUN			29d. DATE SI ▶ 0.2	GNED (A	Month, Day, Year) 0 1992
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	EM 27) (Type,	Print)			112				
				PENN		EET	BALTI	IMORE,	MAR	YLAND		21201
	31. DATE FILED (MONHS, Day, 1487) 1992	32. REGISTRA	Day ason -	Pando 00)_	DD X	DIXLL	THORE,	THE .	1 2711112		-1201
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SION OF VITAL RECORDS, P.O. BOX 687	TENDING PHYSICIAN: The law requires that the death certificate be executed	IDR: After this certificate has been signed by the attending physician and cor
Š	TEN	OR:

	FOR 1 - STATE REGISTRAR			RTIFIC	CATE	OF DEAT	Н	HTAL HYGIEN		035			
8	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	DOROTHY RAPP						-	0 9	YEAR Z	OF DEATH		
	220 05 3010	5. SEX 1 M 2 🔀 F	6. AGE (In yrs. lest		ONTHS C	MAYS HOURS	MIN.	Month, Day, Year)		Country)	CE (State or Foreign		
OR	University Hospital Baltimore City								Y OF DEAT				
DIRECTOR	100. STATE 100. COUNTY Maryland Anne	10e. STATE 10b. COUNTY 10c. C									d. INSIDE CITY LIMITS? YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER 8458 Church Road					10f. ZIP CODE 21122					T COUNTRY?		
B		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GUYE MAN OR DATES. 13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexican, Puer IF YES, GUYE MAN OR DATES.					C ORIGIN? (Specify Yee or No 14. RACE I, Puerto Rican, etc.)			American Indian, Thite, atc. White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th Grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) Supervisor						7	166. KIND OF BU		STRY			
BE CON													
5	196. INFORMANT'S NAME (Type/Print) Marie H. Snyder 196. MAILING ADDRESS (Street and Number or Rural Route Number of Rural Route Nu								nber, City or Town, State, Zip Code) era Beach, Maryland 21122				
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, gramatory or other place) Loudon Park Cemetery 20c. Location - City or Town, State 2cmetery, gramatory or other place) 2cmetery, gramatory or other place) 2cmetery 2cmetery and 2cmetery 2cmetery												
	21. SIGNATURE OF FUNERAL SERVICE LICE	Shor	ne		Ge	_	Gonce		l Home	P.A.	•		
	23. PART I. Enter the thecases of constant about, or heart feliare. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sul	caused the der	12 A	enter th	e mode of dyir	ng, such as	cardiac or reap	iratory arrei	it,	Approximata interval Between Onset and Death 2 4 kg		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. Due to (or as a consequence of): Due to (or as a consequence of):												
CERTI	that initiated events resulting in death) LAST												
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 VES 2 NO							AILABLE PRIOR TO EMPLETION OF CAUSE DEATH?					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Ingestignt 2 ER/Outpettignt 3 DOA 4 Number Name 5 Residence 6 Other (County)												
ВУ РНУ	The state of the s						Other (Specify) Id. DESCRIBE HOW INJURY OCCURED						
ETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At honetc. (Specify)	ne, farm, stro	et, lectory	, office	261	LOCATION (Street City or Town, State)	and Number or	Rural Route	Number,		
COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER										d menner ee stated.		
O BE C	206. SIGNATURE AND TITLE OF CERTIFIER 1 WALL 30 NAME AND ADDRESS OF DERSON WHO	h-				29c. LICEN	NSE NUMBER		29d. DATE S	2//	onth, Day, Year)		

CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE FR 14 1992

1992

Julia Savidson Randall

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM L.	RICHARTS	SR.			2. DATE OF DEATH DATE OF 2	\$ / 9 EAS	3. TIME OF DEATH 8:05 Am		
	215-05-6972	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN 0	IF UNDER 24 HRS HOURS MIN.	05 27 1	Co	Maryland		
TOR	90. FACILITY NAME (If not institution, give stre Harbor Hospital RESIDENCE OF DECEDENT	Harbor Hospital Center					9c. COUNTY OF	F DEATH		
DIRECTOR	10e. STATE 10b. COUNTY									
	10s. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN O	1 ☐ YES 2 🔀 NO F WHAT COUNTRY?		
FUNERAL	604 Hopkins Stre				21225		U.S.A.			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp	ENOENT OF HISI ecity Cuban, Mex 2 X NO Spe	В	ACE — American Indian, lack, White, etc.			
윤	15. DECEDENT'S EOUC. (Specify only highest grade of	iTION ompleted)	18e. DECEDENT'S	USUAL OCCUPATION Work done during more retired.)	ON est of working	16b. KINO OF BUS	SINESS/INDUSTR	Υ		
COMPLETED	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5 +)	Mainte			Baltin	more Co	unty Schools		
NO.	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Malden				
BE	JC 19a. INFORMANT'S NAME (Type/Print)	ohn E. Rich	harts		Ros	L L				
2	Patsy A. Conwell	Hopkins		ral Route Number, City or Tow Baltimo:		yland 21225				
	20e. METHOD OF DISPOSITION 1	or other place) matory,	•			ion - City or Town, State more, Maryland				
	21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.									
	Tchard		20		_	e Hwy. Balt:				
CERTIFICATION	23. PART I. Enter the diseases, or co ahock, or heart failure. L. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	DIO GE CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF	NIC SHOO	SHOC			Approximate interval Batween Onset and Death		
CAL CERTI	that initiated events resulting in death) LAST PART II. Other significent conditions	contributing to death be	ut not resulting	in the underlyin	g ceuse given	in Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDI						1 TYES 2	dino.	COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH	(Check only one)				
IX	1 TYES 2 NO	1 1 Inpatient 2 ☐ ER/Output 28e, DATE OF INJURY	etlent 3 DOA	4 - Nursing Hon	DURY AT	ce 6 Other (Specify)	INJURY OCCURE			
ВУ Р	Netural 5 Pending 2 Accident Investigation	(Month, Day, Ybar)		JURY W	PRK? YES 2 NO	Soci Degotings flow	28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident 3 Sulcide 4 Homicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	one)	HAN: To the best of my knowlers: On the beels of examination						se(a) end menner as stated.		
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	10 - Horn	SE ST.	AFF	29c. LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)		
	30. NAME INO ADDRESS OF PERSON WHO MA- JEDRGEA CE 31. DATE FILED (Month, Pay, Year)	NIZA - 300 32. REGISTRAR'S SIGN	S. HAN	OVER S		LTIHORE,	MD	2/230		
	SIL DATE FILED (MORITI, PRIK, PRIK)	FEB 14 1	992 8	chia Savids	a-Mandal	2.				

BALTIMORE, MARYLAND 21215-0020	uurs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should removal.	sedical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the main formation executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the transfer or the property filted in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Men. Higher committee, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE (OF MARY			ARTMENT OF HEALTH A	
			C	ERTI	FICATE OF DEATI	REG. NO.
(First, Middle, Last)			-		4 1	0.0075.05.05.05.0

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / I	DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Revincent Revincent	c.	Rey	nolds		2. DATE O MONTH		92 YEAR	3. TIME OF DEATH
		1 # M 2 F	GE (In yrs. Ias)	birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF (Month, 9 / 12	BIRTH Day, Year)	Con	maica
TOR	FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE							DEATH		
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND				Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 2804 HARFORD ROAD			- DILL	10	01. ZIP CODE 10g. CITIZEN OF WI				
BY FUNERAL		FORCEST 1 TES 2 KIND			13. WAS DE	21218 DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— ts, specify Cubim, Maxicen, Puerto Rican, etc.) YES 2 X NO Specify:				SA CE — American Indian, ck, White, etc. JAMAICAN
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondery (0-12)	ghest grade completed) (Give kind of work done during				uring most of working				
COM	17. FATHER'S NAME (First, Middle, Last)	E PROVING				18. MOTHER'S NA		Idle, Maiden S	-	
BE	ETIQS B 19e. INFORMANT'S NAME (Type/Print)	ROWN	19b.	MAILING	ADDRESS (Street	ALBER	RTHA			
2	Vibert REY	NOLDS			LOVERWOO				ARYLAND	21221
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	ral from Stata	ARBUTU	ND DATE O	DE DISPOSITION (N DET DISCE) EMORIAL		DATE	20c 1.0C/	ATION - City or	Town State
	21. SIGNATURE OF PUNERAL SERVICE LICE	arte.	0		22, NAME A	ND ADDRESS OF FA	B.	ALTIMO	ORE, MARY	YLAND21217 D EUTAW PLAC
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): ACLIT HE SOLUTION DISTRIBUTION DUE TO (OR AS A CONSEQUENCE OF): G. F. BLEE CL.									
AL S	PART II. Other aignificant conditions	contributing to death	but not rea	aulting i	n the underlyin	g cause given in		La. WAS AN AI PERFORM	ED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MED							_ '	YES 2	NO	DF DEATH?
PHYSICIAN: MEDI		HOSPITAL:	utpatient 3	DOA	OTHER:	ACE OF OEATH (Ch		San official		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	286. DATE OF INJUR (Month, Day, Year	ry d	28b. TIME	OF 28c. IN.	URY AT PRK7	28d. DESCF		OURY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, atc. (S	PRY — At home pecify) — K				City or	own, State)	Number or Rural	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER:	AN: To the best of my kn On the besis of examina	owledge, deat	h occurre	d at the time, date	end place, end due	to the cause	(a) and menne	er as stated, due to the cause	(e) and menner es atated,
TO BE C		- 60				05 COT	4BER 313E	:	P () O	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO					medica				
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE			0.00	3,7			
	FEB 1 4 1992	Jahre Savidson	- hande	L						DHMH.16 Pay 1/8

G . 37

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

177		Pauline	RANI	OLPH					2. DATE		DAY	YEAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr:	s. lest birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH	- ' '	992 8. BIRTH	1:40PM
- 9	213 07 3585	1 🗆 M 2 🔀 F	89	YRS.	MONTHS	DAYS	HOURS	Merel.		h, Day, Year)		Country	7a.
	9a. FACILITY NAME (If not institution, g	ive street and number)					R LOCATI			7-6-1-1		NTY OF DE	
CTOR	Franklin So	•			I	Rose	edal	.e			Ra1+	imor	e Count
ш	RESIDENCE OF DECEDENT			I too CIT	Y, TOWN O	B LOCAT	ION					1	
DIR	Md.												10d. INSIDE CITY
	10s. STREET AND NUMBER	Balto.		Trur	Turners Station					I 10a CITI	ZEN OF W	HAT COUNTRY?	
ERAL	533 New Pit	tahurah		21222									
FUNE	11. MARITAL STATUS	12. WAS DECEDENT		I.S. ARMED 13. WAS DECENDENT OF HISPANIC C				IIC ORIGII	17 (Specify		USA 14. RACE	- American Ind White, atc.	
BY F	1 Nover Married 2 Misrried	FORCES? 1 FYES, GIVE WA					2 NO		ean, Puerto Rican, atc.) Black, Whi Specify: Blac!				
0													ick
ETE	15. DECEDENT'S (Specify only highest g		16a	(Give kind of a life. Do NOT us	work done a	CUPATIO	N st of worldr	ng	16b. KINO OF BUSINESS/INDUSTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	3.10		sewi	fe							
COM	17. FATHER'S NAME (First, Middle, Last))					18 MOT	HED'S NA	ME (Elect	Middle Maid	en Surname)		
Ö	Thomas	Gillia	ım				10. 11.		Nell		Mon	roe	
0	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number			4			
5	Myrtle Brya	nt		19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 814 Bobby Rd. Balto., Md. 21228									
Į,	SE METHOD OF DISPOSITION		20b. PLA	ACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State									
	1 Burisi 2 Cremation 3 5	nemoval from State	cemetery	Arbutus 2/15 Balto., Md.									
	21. SIGNATURE OF FUNERAL SERVICE				22_	AME AN	D ADDRE	SS OF FA	CILITY	n s	Sons		
	Mame	va.m	MITA	41							Balto	M	id. 21:
	23. PART I. Enter the diseases,												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that included swelling or Due to (or as a consequence or Injury that included swelling or Due to (or as a consequence or Due to (or as a con									asc		120	
= 1		(-											
CER	that initiated events resulting in death) LAST	d											
	that initiated events	dtibna contributing to d	leeth but n	not resulting	In the un	derlylng) ceuse (given in	Part I.	PERF	AN AUTOPSY ORMED?	3	AVAILABLE PRIOR
	that initiated events resulting in death) LAST	dtlbns contributing to d	leeth but n	not resulting	In the un	derlylng) Couse (given in	Part I.	PERF			AVAILABLE PRIOF COMPLETION OF OF DEATH?
: MEDICAL	that initiated events resulting in death) LAST	dtlona contributing to d	leeth but n	not resulting	In the un	derlylng) ceuse (given in	Part I.	PERF	ORMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?
: MEDICAL	PART II. Other algorificant condi		leeth but n	not resulting	In the un				_	PERF	ORMED?		AVAILABLE PRIOF COMPLETION OF OF DEATH?
SICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algorificant condi	L HOSPITAL:			ОТНЕЯ	26. PL	ACE OF D	EATH (Ch	eck only or	PERF 1-@ YES	ORMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?
SICIAN: MEDICAL	PART II. Other algnificent condi	HOSPITAL: 1 N inpetient 2 1 28s. DATE OF IP	ER/Outpatien	π 3 □ DOA 28b. TIM	OTHER	26. PL	ACE OF D	EATH (Ch	eck only or	PERF 1 YES	ORMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent condi	L HOSPITAL: 1 N Inpetient 2 1 28s. DATE OF III (Month, Day,	ER/Outpatien	π 3 □ DOA 28b. TIM	OTHER	26. PL.: ing Home 28c. INJE WOI	ACE OF D	EATH (Ch	eck only or	PERF 1 YES	ORMED?		WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificent conditions and the second	HOSPITAL: 11 Inpetient 2 128. DATE OF IN (Month, Day) 28. PLACE OF	ER/Outpatien NJURY , 'bar' INJURY — A	nt 3 □ DOA □ 28b. TIM	OTHER 4 Nurs	26. PL i: ling Home 28c. INJK WOI 1 \(\text{Y}\)	ACE OF D 5 Re URY AT RK? 'ES 2	EATH (Ch	8 Other	PERF 1-(-) YES (Specify) CRIBE HOW	ORMED? NO VINJURY OCC	CURED	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condi 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigati	L HOSPITAL: 1.X Inpetient 2 1 28s. DATE OF IP (Month, Day) 28s. PLACE OF building, et	ER/Outpatien NJURY , 'bar' INJURY — A	nt 3 □ DOA □ 28b. TIM	OTHER 4 Nurs	26. PL i: ling Home 28c. INJK WOI 1 \(\text{Y}\)	ACE OF D 5 Re URY AT RK? 'ES 2	EATH (Ch	8 Other	PERF 1- YES o) r (Specify) GCRIBE HOW	ORMED? NO VINJURY OCC	CURED	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2
PLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions and algorithms are substantially as a substantial and a substant	HOSPITAL: 1\(\text{A}\) inpettent 2 \(\text{ 1}\) 28s. DATE OF IN (Month, Day) 28s. PLACE OF building, et	ER/Outpatien NJURY (Year) INJURY — A tc. (Specify)	28b. TIM	OTHER 4 Nurs 1E OF JURY M	26. PL	ACE OF D 5 Re JRY AT RK7 ES 2	EATH (Chi	8 Other	PERF 1** YES 1** (Specify) F (Specify) ATION (Street, Ste	ORMED? NO VINJURY OCC est and Number	Or Rural Ro	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 VES 2
PLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions and algorithms are substantially as a substantial and a substantial as	L HOSPITAL: 1 A Inpatient 2 1 2 28s. DATE OF IN (Month, Day) 28s. PLACE OF building, et d	ER/Outpatier NJURY , Year) INJURY — A tc. (Specify) ny knowledge	28b. TIM At home, farm, s	OTHER 4 Nurse BE OF FURNY M street, factor	26. PL: Ing Home 28c. INJ WOI 1 Yery, office	ACE OF D 5 Re URY AT RK? ES 2 and place	EATH (Chosidence	8 Other 28d. DE:	PERF 1 YES 1	ORMED? VINJURY OCC of and Number te)	Or Rural Ro	AWALABLE PRIOR COMPLETION OF COMPLETION OF OF DEATHY 1 YES 2 Death VES 2 Death D
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificent conditions and the second	L HOSPITAL: 1.2 Inpetient 2 1 28s. DATE OF Information Dept. 28s. PLACE OF building, et dept. HYSICIAN: To the best of management of the building of the building of the building of the building.	ER/Outpatier NJURY , Year) INJURY — A tc. (Specify) ny knowledge	28b. TIM At home, farm, s	OTHER 4 Nurse BE OF FURNY M street, factor	26. PL: Ing Home 28c. INJ WOI 1 Yery, office	ACE OF D 5 Re 1 Re 1 Re 1 Re 2 Re 2 Re 2 Re 2 Re 3 Re 3 Re 4 Re 5 Re 6	EATH (Cho	eck only or 8 Othe 28d. DEs	PERF 1 YES 1	ORMED? V INJURY OCC of and Number te)	or Rural Ro	AWALABLE PRIOR COMPLETION OF OF DEATHY 1 VES 2 bute Number, and manner as :
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions and algorithms are substantially as a substantial and a substantial as	L HOSPITAL: 1.2 Inpetient 2 1 28s. DATE OF Information Dept. 28s. PLACE OF building, et dept. HYSICIAN: To the best of management of the building of the building of the building of the building.	ER/Outpatier NJURY , Year) INJURY — A tc. (Specify) ny knowledge	28b. TIM At home, farm, s	OTHER 4 Nurse BE OF FURNY M street, factor	26. PL: Ing Home 28c. INJ WOI 1 Yery, office	ACE OF D 5 Re 1 Re 1 Re 1 Re 2 Re 2 Re 2 Re 2 Re 3 Re 3 Re 4 Re 5 Re 6	EATH (Chosidence	eck only or 8 Othe 28d. DEs	PERF 1 YES 1	ORMED? V INJURY OCC of and Number te)	or Rural Ro	AWALABLE PRIOR COMPLETION OF OF DEATHY 1 VES 2 bute Number, and manner as :
E COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other algnificent conditions and the second	L HOSPITAL: 1.X Inpetiant 2 1 28s. DATE OF IN (Month, Day) 28s. PLACE OF building, et HYSICIAN: To the best of mainer: On the basis of sxall HIFIER	ER/Outpatien NJURY (, Year) INJURY — A tc. (Specify) ny knowledge mination and	28b. TIM 28b. TIM NJ At home, farm, s	OTHER 4 Nurs IE OF JURY M street, factor ed at the thi	26. PL: Ing Home 28c. INJ WOI 1 Yery, office	ACE OF D 5 Re 1 Re 1 Re 1 Re 2 Re 2 Re 2 Re 2 Re 3 Re 3 Re 4 Re 5 Re 6	EATH (Cho	eck only or 8 Othe 28d. DEs	PERF 1 YES 1	ORMED? V INJURY OCC of and Number te)	or Rural Ro	AWALABLE PRIOR COMPLETION OF OF DEATHY 1 VES 2 bute Number, and manner as :
BE COMPLETED BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST PART II. Other algnificent conditions and the second	L HOSPITAL: 1.X Inpetient 2 1 28s. DATE OF IN (Month, Day) 28s. PLACE OF building, et al. HYSICIAN: To the best of mainer: On the basis of sxalifier WHO CDMPLETED CAUSE	ER/Outpatier NJURY NJURY — A INJURY — A tc. (Specify) ny knowledge mination and	28b. TIM 28b. TIM At home, farm, s a, death occurred/or investigation (ITEM 27) (Type.	OTHER 4 Nurs IE OF JURY M street, factor ed at the the	26. PL	ACE OF D 9 5 Re USY AT RK? RES 2 send place path occur 29c, LICE	EATH (Chassidence) NO , end due ed at the	s Other 28d. Des 28f. Loc City to the cast time, date	PERF 1 YES (Specify) CRIBE HOV ATION (Strenger Town, Stemes(s) and mend places,	V INJURY OCCUPATION OF STATE O	or Rural Ro	AMALABLE PRIOR COMPLETION OF OF DEATHY 1 VES 2 Dute Number, and manner as a Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	That Initiated events resulting in death) LAST PART II. Other algnificent conditions and the second	L HOSPITAL: 1 X Inpetient 2 1 28s. DATE OF It (Month, Day) on 28s. PLACE OF building, et did with the best of maintenance of the best of axis of the best of the building, et did with the best of the building, et did with the best of the building, et did with the building, et did with the building of t	ER/Outpatien NJURY (Year) INJURY — A tc. (Specify) Ty knowledge Initiation and OF DEATH D. 'S SIGNATUR 'S SIGNATU	28b. TIM 28b. TIM INJ At home, farm, s a, death occurre d/or investigatio	OTHER 4 Nurs IE OF JURY M street, factor ed at the the	26. PL	ACE OF D 9 5 Re USY AT RK? RES 2 send place path occur 29c, LICE	EATH (Chassidence) NO , end due ed at the	s Other 28d. Des 28f. Loc City to the cast time, date	PERF 1 YES (Specify) CRIBE HOV ATION (Strenger Town, Stemes(s) and mend places,	V INJURY OCCUPATION OF STATE O	or Rural Ro	AMALABLE PRIOR COMPLETION OF OF DEATHY 1 VES 2 bute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST PART II. Other algnificent conditions and the second	L HOSPITAL: 1 N Inpetient 2 1 28s. DATE OF IN- (Month, Day, 28s. PLACE OF building, et d HYSICIAN: To the best of m MINER: On the basis of sxsi FIER WHO COMPLETED CAUSE FOWARDS. M.	ER/Outpatien NJURY (Year) INJURY — A tc. (Specify) Ty knowledge Initiation and OF DEATH D. 'S SIGNATUR 'S SIGNATU	28b. TIM 28b. TIM INJ At home, farm, s a, death occurre d/or investigatio	OTHER 4 Nurs IE OF JURY M street, factor ed at the the	26. PL	ACE OF D 9 5 Re USY AT RK? RES 2 send place path occur 29c, LICE	EATH (Chassidence) NO , end due ed at the	s Other 28d. Des 28f. Loc City to the cast time, date	PERF 1 YES (Specify) CRIBE HOV ATION (Strenger Town, Stemes(s) and mend places,	V INJURY OCCUPATION OF STATE O	or Rural Ro	AMALABLE PRIOR COMPLETION OF COMPLETION OF OF DEATH? 1 VES 2 Dute Number, and manner as Month, Day, Year,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTMI	NT OF H	EALTH AND N	MENTAL HYGIEN		00331	
	1, DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH DA	Y YEA	3. TIME OF DEATH	
		J.	SNYDE	ER		2 1	3 92	0143 AM	
	217 12 7831 1	M2□F	n yrs. last birthday) IF U MONT	NDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	_ Co	RTHPLACE (State or Foreign puntry) ARYLAND	
OR	98. FACILITY NAME (If not institution, give street DEATON HOSPITAL + RESIDENCE OF DECEDENT				IMORE		9c. COUNTY O	F DEATH	
닯	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TO					10d. INSIDE CITY	
DIRECTOR	MARYLAND			BALTIMORE					
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF WH		
ER/	1050 ROCK HILL AV	ENUE			21229		SA		
BY FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA WW II	U.S. ARMED 2 NO NTES	If yes, sp		IC ORIGIN? (Specity Yas n, Puarto Rican, atc.)	or No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDUCATI	ION	18a. DECEDENT'S USUA	L OCCUPATIO	N .	16b. KIND OF BUS	INESS/INDUSTR		
COMPLETED	(Specify only highest grade corr Elamentary/Secondary (0-12) C	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	ione during mo red.)	st of working				
J M	10TH		TRUCK D	RIVER		TRUCKI	NG.		
00	17. FATHER'B NAME (First, Middle, Last)				THE PARTY OF THE P	ME (First, Middle, Maiden	Surname)		
BE	JOHN L. SNYDER	<u> </u>				C. MACK			
<u>و</u>	19a. INFORMANT'S NAME (Type/Print)	7D				BALTIMORE,		" 21229	
	GENEVIEVE A. SNYDE		PLACE OF DISPOSITION				CATION — City of		
	1 X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	RY			ARK, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AT HUBBA	D ADDRESS OF FACE	AL HOME, I	NC.		
- 15	Christopher F	1. Miles	·	4107	WILKENS	AVE, BALTI	MORE, 1		
	23. PART I. Enter the diseases, or com shock, or heart failure. List	iplications that caused tonly one cause on ea	itha deeth. Do not e ach lina.	nter the mo	de of dying, such	h aa cardlac or reapi	retory arrest,	Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	c. 111	11	1	£ 1			Onset and Death	
	resulting in death)	Small b	CONSEQUENCE OF:	(me)	ton			year	
_		all-	CONSECUENCE OF):					nen	
호	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	-					
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	multiple	abdoni	nal	song &	Vies		years	
CERTIFICATION	that initiated events	DUE TO OR AS A	CONSEQUENCE OF):	,	0				
15	resulting in death) LAST	popula 1	ulean de	ilan	l			3 years	
-	PART II. Other significant conditions of		ut not resulting in th	e underlyin				24b. WERE AUTOPSY FINDINGS	
S	S/pCVA Smo	kan the	roat come	or 5/	10 vades	PERFOI		AVAILABLE PRIDE TO COMPLETION OF CAUSE	
MED	Resertion , rec	T the	roat com	ian!	tracken	Sa)JON 1-0	OF DEATH?	
	it becking , es	ophnel &	fritures .	COPD	Durkho	4201			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	ack only one)			
\Si		Inpatient 2 - ER/Outp		HER: Nursing Horr	e 8 🗆 Raaldanca	6 Other (Specify)			
РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	URY AT PRK?	26d. DESCRIBE HOW	NJURY OCCURE	D	
B	2 Accident Investigation				YES 2 NO				
TED	3 Suicide 6 Could not be detarmined	building, atc. (Spec	— At home, term, street	, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Ri	irel Route Number,	
COMPLETED	and)	N: To the best of my knowl							
l o	2 MEDICAL EXAMINER: (On the beals of examination	n and/or investigation, in	my opinion, o	leath occured at the	time, data and place, ar	d dua to the cau	use(a) and manner as stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER	011			29c. LICENSE NUM	ABER	29d. DATE BIG	ANED (Month, Day, Year)	
ē	1 kmol	Vica-	5		173	7458	2	113192	
)	30. NAME AND ADDRESS OF PERSON WHO C	OMPLIFTED CAUSE OF DE	ATTI (ITEM 27) (Type, Print	ŋ					
/	31. DATE FILED (Month, Day, Year) FEB 14: 1992	32 REGISTRAR'S SIGN	ATURE N-Randall					NO.4:	
	I FO Ta IOOF	1/1	1						

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Specify: White

21213

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

21

13/92

Approximete

Interval Between

Onaet and Death

day

Un Knowy

NO 1 YES 2 □ NO

4:19A

8. BIRTHPLACE (State or Foreign

Maryland

VEAR

992

9c. COUNTY OF DEATH

U. S. A.

10g. CITIZEN OF WHAT COUNTRY?

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY HELEN SMITH FEBRUARY 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH Dec. 21, 1916 IF UNDER 1 YEAR IF UNDER 24 HRS. 215-10-1908 1 M M AXX F 85 DAYS HOURS YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 0-254-63-50 001 the hospital or attending physician, a detached for use as the burial-transit permit. Pages 1 10b. COUNTY 10a. STATE 19c. CITY, TOWN OR LOCATION Maryland _ _ _ _ Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 3332 Lyndale Avneue 21213 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 24 HO Specify: BY Specify: ▼☑ Widowed 4 □ Divorced page 5 should be detached for use as COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Filer NA I.R.S. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ate Frank C. Little Effie L. Myers 3 BE notified retained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy May Foreman (Sister) 711 Randolph St., Apt. 4, Hanover, Pa. 17331 Page 6 may be BALTIMORE, Pe 20e METHOD OF DISPOSITION
1 & Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State director. Baltimore Cemetery Baltimore, Md. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 24 hours after death. Schimunek Funeral Homes, Inc. > Eugur ling physician and completely filled in by the ygiene prior to burlal, cramation, ac removal. other traumatic event, the medical si 3331 Brehms Lane, Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Brain Injury ANOXIL executed within BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): 1 Sepsis unga CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician is Mental Hygiene prior to If any, leading to immediate death certificate be cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events RECORDS, P.O. resulting in death) LAST 6 Infury. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. The law requires that the MEDICAL 24a. WAS AN AUTOPSY PERFORMED? been signed by the pt. of Health and Ing Shows any Ing 1 YES 2 NO has by Dept. 23 st PHYSICIAN: DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL certificate h h the State C d, or item 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Synpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY After this ce leath with t marked, 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO After death ВУ 2 Accident D PITAL OR ATTENDIN FRAL DIRECTOR: Aff On 72 hours after de: 3 Suicida 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be LETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pieca, end due to the cause(e) and manner as stated. COMPI 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. MPORTANT 29b. HIGHATTHE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SJGNED (Month, Day, Year) 5 30. NAME AND ADDRESS OF PE SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MICHEAL D. RUSH MD TOWER 110 JOHNS HOPKINS HOSPITAL BALTIMOIZE MD 31. DATE FILED" (Mointh," Day, Year) 32. REGISTRAR'S SIGNATURE whie Davidson-Randall 4 1992

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		. 00770	
	t. OECEDENT'S NAME (First, Middle, Last)	Georgia M.				2. DATE OF DEATH MONTH DAY		100	
	4. SOCIAL SECURITY NUMBER 217 26 4042	t □ M 2 💢 F	79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/6/1912	0. Bil Co	RTHPLACE (State or Foreign currity)	
TOR	9a. FACILITY NAME (If not institution, give strained and	reet end number)			OR LOCATION OF DE	ATH	9c. COUNTY O		
DIRECTOR	Maryland Quee	en Annes		y, town or loca evensvij		6		tod. INSIDE CITY LIMITS? t YES 2 NO	
FUNERAL	104 Jean Road			10	21666		U.S.A	OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No — 14, R		
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade				ON st of working	Nation			
	17. FATNER'S NAME (First, Middle, Lest) Samuel Loughery					ME (First, Middle, Meiden S Mae Kais	Surneme)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	macr rough	19b. MAILING		nd Number or Rural F	Route Number, City or Town	, State, Zip Code)		
	Frankie Geisbert	20b.	PLACE AND DATE (evensville	Mary]		
	1- Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 2t. SIGNATURE OF FUNERAL SERVICE LICE	T CCGGI TITTE CCHIC CCLY			TY ND ADDRESS OF FAC	2-12 Balt			
	Kichau	el E Dan		Georg 4001	ge J. Gon Ritchie	ce Funeral Hwv. Balti	more, N		
	23. PART I. Enter the diseases, or combook, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse on ee	ch line.			suffice		Approximete Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL CE	PART II. Other algorificant conditions	contributing to deeth bu	it not resulting i	in the underlyin	g ceuse given in	Part I. 24a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t yes 2 No	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATN (Che	ock only one)			
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	t Inpatient 2 ER/Outpate 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Norm		28d. DESCRIBE NOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, ferm, a	street, factory, offic		281. LOCATION (Street or City or Town, State)	nd Number or Rur	al Route Number,	
COMPLETED		CIAN: To the best of my knowled: On the bests of exemination						se(e) end menner se stated.	
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	valsa M	10		DASE NUM	BER 7	29d. DATE SIGN	NEO (Morth, Day, Year)	
٦	30. NAME AND ADDRESS OF PERSON WHO THO MAS WA	18HMD	269	Print) Peu	insul	a tari	in Re	l ARNOLD	
	31. DATE FILED (Month, Day, Year) FFR 1	32. REGISTRAR'S SIGNAL 4 1992	hia Davidson	n-Andree				Md	

BALTIMORE, MARYLAND 21215-0020

for use as the burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

1 -

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL HOSPITAL (FUNERAL (Within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 10 -YEAR 92 Brijbassy Somaroo 02 10:05 Py 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTNPLACE (State or Foreign 1 😿 M 2 🗌 F DAYS HOURS 220-06-2280 YRS. 80 01-29-12 Guyana, S.A. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 1009 Evesham Avenue Baltimore City n/a RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland n/a Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1009 Evesham Avenue 21 21 2 U.S.A. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fran hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puarto Rican, atc.) ВУ 1 X YES 2 NO Specify: Specify: S. Americar 3 Widowed 4 Divorced Guyanese Indian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. n/a Engineer Plumbing 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Somaroo Brijbassy BE Briibassy 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Streat and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vijay Brijbassy 1009 Evesham Ave. Baltimore, Maryland 21212 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE | 20c. LOCATION - City or Town, State 1 Buriat 2XC Cremation 3 Removal from State
4 Donation 5 Other (Specify) Green Mount Cemetery 02/13/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home John S Rey John G. Reitz 6500 York Rd. Baltimore, Maryland 21212 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart failure. Up only one cause on each line. Approximate intervel Bstween IMMEDIATE CAUSE (Finsi Onsat and Death disease or condition Lever resulting in deeth) DUE TO (OR AS A FONSEQUENCE OF):
Wide Spread members CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 YES 2 NO DF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO ВY 2 Accident Investigation 3 Sulcide PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 V CERTIFYINO PHYSICIAN: To the bost of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 22652 11/92 5 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Subramanian Srinivas, M.D. 5601 Loch Raven Blvd. Baltimore, Maryland 21239 31. DATE FILED (Month, Day, Year) 32. REGISTHAR'S SIGNATURE in Davidson-Mandelle FEB 14 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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s retained by the hospital or attending physician. 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within control steer death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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SPITA	VERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	12
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE								
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH SCHUHART	2. DATE OF DEATH MONTH DAY	3. TIME OF PEATH 3. TIME OF PEATH M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 2/8-46-56-77 1 M. 2 P. F. 89 YRS. MONTHS DAYS NOURS MIN.	1-27-62	a. BIRTHPLACE (State or Foreign Country) MD,							
DIRECTOR	4008 PARKWOOD AVE BALTO									
	MD Baltimore 100. STREET AND NUMBER 101. ZIP CODE	10g. CITIZ	10d. INSIDE CITY LIMITS? 1 VES 2 NO ZEN OF WHAT COUNTRY?							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 3 NO If yes, specify Cuben, Mexical States of the second of the s	PANIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc. Specify:							
COMPLETED B	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/IND	WATE USTRY							
BE COMP	0 5 - 111:-5	NAME (First, Middle, Meiden Surneme)	Nowa							
TO B	196. INFORMANT'S NAME (Type/Print) EVELYN HERGENROEDER 4008 PARKWEDD AJE BACTO 71206 MOD.									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Other place) OTHER (Specify)									
	3 22 S, Rd 23. PART I. Entar the disease, or complicatione that caused the death. Do not enter the mode of dying, a shock, or heart fellura. List only one cause on each line.	LICHST. BALTA	eat, Approximeta Interval Between							
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscounter or):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	In Part I. 24s, WAS AN AUTOPSY PERFORMACO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!							
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH EXAMINER? OTHER:	(Check only one)								
BY PHYSI	1 VES 2 - NOT 1 Inputient 2 Envoyagement 3 DOA 4 Naming Home 5 Envoyagement 27, MANNER OF DEATH 27, MANNER OF DEATH 1 Heature 5 Pending Investigation Investigation	ce 6 □ Other (Specify) 286. DESCRIBE HOW INJURY OCC	CURED							
	3 Suicide 6 Could not be determined 28s. PLACE OFFINATION — At home, farm, street, fectory, effice building, etc. (Specific	28t. LOCATION (Street and Aumber City or Youn, State)								
COMPLETED	296. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and control of the control of the best of examination and/or investigation, in my opinion, death occurred at 296. SIGNATURE AND TITLE OF CERTIFYER 226. LICENSE	the time, data and place, and due to th								
TO BE	/ ful & (90/0,000 MD D25	102 12 ERDr #301	-15/92							
	31. DATE FILED (Month, Day, Year) FEB 1 4 1992 Suna Javidson-January	- YF 74501	parto 2,207							

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MARYLAND 21215-002(n 24 hours after death. Pane 6 may be retained by the hospital or attending other
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BALTIMORE,	death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		00000	
	1. DECEDENT'S NAME (First, Middle, Last Alfred Peter	Schneider				2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-05-7640	1 🔀 M 2 🗆 F 70	YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 7-4-21	8. BIRT Coun	HPLACE (State or Foreign try) ryland	
OR	722 Camberly Circle	street and number)		96. CITY, TOWN O TOWSON	R LOCATION OF D	N OF DEATH Baltimore			
DIRECTOR	nesidence of decedent 100. STATE 106. COUN Maryland Bal	timore		TOWN OR LOCAT	ON	10d. INSIDE CITY LIMITS? 1 □ YES 25 □ N			
FUNERAL	100. STREET AND NUMBER 722 Camberly	Cir. Apt. B2		101.	ZIP CODE 21204	10g. CITIZEN OF WHAT COUR			
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	13. WAS DECI	NOENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, stc.)				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Yrs 16e. DECEDENT'S USUAL OCCU (Give kind of work done durit iffe. Do NOT use retired.) Firefighter			ork done during mos retired.)	N at of working	40	more Cit		
BE COM	17. FATNER'S NAME (First, Middle, Last) Charles	Schn	eider		18. MOTHER'S N.	AME (First, Middle, Maiden		2	
TO B	190. INFORMANT'S NAME (Type/Print) Margaret Mary S	chneider		Camberly		Route Number, City or Tow	vn, State, Zip Code) 21204		
	20e. METHOO OF DISPOSITION 1 Burlei 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) Garrison Forest Vet.					2-18 Own	ings Mil		
	21. SIGNATURE OF FUNDAL SERVICE L	L.MA		Ruck To	DADDRESS OF F DWSON FUNG Md 2120	eral Home Inc			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE PT): DUE TO (OR								
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	one contributing to death bu	t not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C				
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	RY AT	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Special	— Al home, term, atr	eet, factory, office		281. LOCATION (Street City or Yown, State)	end Number or Rural	Route Number,	
COMPLETED		SICIAN: To the best of my knowle IER: On the bests of examination						e) end menner as stated.	
TO BE C	296. SIGNATURE KND PUT LE OF CERTIFS	Daniel 10			29c. LICENSE NO	338	29d. DATE SIGNE	2/92	
F		D 1900 E. Noi	thern Park		more, Mar	yland		1	
	31. DATE FILED (MOVIE), Day, Year) FEB 1 4 1992	Julia Davidson-Ro	ndell-						

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

If the property of the property of Health and Mental Hygiene prior to burial, cremation, or removal.

If the property is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If the property is a process.

	1 - FOR STATE REGISTRAR	STATE OF MARYI		TMENT OF H			GIENE	J C	03997	
	1. "ECEDENT'S NAME (First Middle, Las-	MARGUERITE	R.	TURNER	S	2. DATE OF DI	3 DAY	92 YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-12-2312	1 🗆 M 2 💢 F	(In yrs. last birthday) 67 (188.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		4 19:	24 V	IRGINIA	
TOR	9a. FACILITY NAME (If not institution, give s ST. AGNES HOSP RESIDENCE OF DECEDENT			BALTIMO	R LOCATION OF DEAT	TH	9c.	COUNTY OF	OEATH	
DIRECTOR	10s. STATE 10b. COUNT	Y LTIMORE	10c. CITY	10c. CITY, TOWN OR LOCATION CATONSVILLE				10d. INSIDI LIMITS 1 YES		
FUNERAL	100. STREET AND NUMBER 611 INGLESID	611 INGLESIDE AVE			10f. Z. ³ CODE 21228				WHAT COUNTRY?	
BY	11. MARITAL STATUS t Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	IEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific				o— t4. RAC Blac Spe	CE — American Indian, ck, White, stc.	
COMPLETED		(Specify only highest grade completed) (Secondary (0-12) College (1-4 or 5 +)			T'S USUAL OCCUPATION of work done during most at working T use retired.) RER VENETT				MANUFACTURER	
H	17. FATHER'S NAME (First, Middle, Last) UNKNOWN 19a. INFORMANT'S NAME (Type/Print)			NKNOWN) F	RILEY				
2	BARBARA A. TURN	611	INGLESIE	E AVE, BA			1228			
	20e. METHOD OF DISPOSITION 1 Description 1	remation 3 Removal from State			ERY		20c. LOCATION — City or Town, State BALTIMORE, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIN	Rollena	,	HUBBAR	D AOORESS OF FACIL D FUNERAL ILKENS AV	L HOME	. TNC.			
	23. PART I. Enter the diseases or ahock, or heart fedure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Brain	aach lina.	sto ke		as cardiac d	er reapirator	y arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	but not resulting i	n the underlying	cause given in Pa		WAS AN AUTO PERFORMED YES 2 N		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Check	k only one)				
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 inputient 2 in ER/Out			5 Residence 6					
B	1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	29b. TIME INJU	M t Y	ES 2 NO	26d. DESCRIBE			Planta Mumbas	
ETEO	4 Homicide determined	building, etc. (Spe	icity)			City or Tow	n, State)		House Namoes,	
COMPLETED	(Check only 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE	ICIAN: To the best of my know							(a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER M Char M 30. NAME AND ADDRESS OF PERSON WH	~P	CATAL STEEL OF ST	Order	St, A	er nes	29d		O (Month, Dey, Year)	
	M. Cho., St A	mes go	o cate	- A	ve.	Bulti	more	, KIN		
	FEB 14 1992	Par REGISTRAR'S SIGN	Randell							

examiner must medicai signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, other traumatic event, the Injury, is certificate has been signed by the fifth the State Dept. of Health and A ed, or Item 23 shows any Inj DIRECTOR: After this cert hours after death with the term 28 is marked, o

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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FUNERAL within 72 h IMPORTANT: If

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FOR STATE OF MARYLAN REGISTRAR	ID / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last) GROREC A. Taylor	Georg	ge A.	Taylor	2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	12 9.2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6/AGE (In y 1/8) 4. 2 F S		UNDER 1 YEAR HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Monthy Day, Year) 9/2//3	2 BIRT	HPLACE (State or Foreign
9a. FACILITY NAME (II not institution, give street and number) Coch Faven VA (tos p. tal RESIDENCE OF DECEDENT	91	Bulti	pre Location of DE	ATH .	Bulton	111
10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
MARYLAND	E	BALTIM	ORE			1 X YES 2 NO
10e, STREET AND NUMBER		101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
4740 LIBERTY HEIGHTS			21207	7	U	SA
11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 X YES 15. YES, GIVE MAR OR DATE 17. MAS DECEDENT EVER IN U. FORCES? 1 X YES 18. YES, GIVE MAR OR DATE		If yes, sp		IIC ORIGIN? (Specify Yea n, Puerte Rican, atc.)	Blac	CE — American Indian, ck, Whita, etc. City: BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work	done during mo stred.)		16b. KIND OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	Floris	5 b	Les MOTHERIN MA	ME (First, Middle, Maiden	0	
GEORGE TAYLOR				TAYLOR	Sumame)	
19a. INFORMANT'S NAME (Type/Print)	19h MAILING AC	DRESS (Street)		Route Number, City or Tow	n State 7in Code)	
REBECCA BRAXTON	1341	MYRTL		BALTIMORE		21217
	LACE AND DATE OF hetary, crematory or RRISON			1	INGS M	ILLS, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	tt	LERO 4600	_ 0. 51	ETT & SC		RAL HOME UE 21207
23. PART Enter the disease, or complications that caused the shock, or heart feiture. List only one cause on each	he death. Do not h line.	enter the mo	de of dying, auc	h aa cardlac or reap	iratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) A	ONSEQUENCE OF):					Onset and Death
Sequentially list conditions, b. Adult Re Due TO (OR AS A CI	Spirator	y Dist	ress Sy	odrome		

disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DIRECTOR

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be notified

Adult Respiratory Distress Syndrome
pue to (OR AS A CONSEQUENCE OF): /
Pol mo Cuccul previonia (Sepsis DUE TO (OR AS A CONSEQUENCE OF

Sarco dosis Cortico steroid Use	t not resulting in the underlying ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINOS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Chack only	inel	

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29a. CERTIFIER

1 CERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 2/12/92 nthon wie MI

30. NAME AND ADDRESS OF FERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rever 1031112 '32. REGISTRAR'S MONATURE
1992 Fulia Devidon-Randall 31. DATE FILED (Month, Day, Year) 1992

DHMH-16 Rev 1/89

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DIVISION OF VITAL	COSPITAL OR ATTENDING PHYSICIAN: The fam	TO THE FUNERAL DIRECTOR: After this certificate has	death with the State Dept	MONOTANT. If item 20 to macked as item 22
DIVIS	L OR ATTEN	DIRECTOR	hours after	itam 29
	E HOSPITA	E FUNERAL	d within 72	OTAMT. 16
6	2	1	۱	UGTH!

DIRECTOR	REGISTRAR CERTIF 1. DECEDENT'S NAME (First, Middle, Last) ROY Wilson					_	AY	YEAR	. TIME OF DEA
	4. SOCIAL SECURITY NUMBER 406-18-8777	1000	GE (In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2 12 7. DATE OF BIRTH (North Day 1982) 4/2/1923		DIDTHOL	ACE (Sinte or Fi
	98. FACILITY NAME (If not institution, git St. Agnes Hospi	tal		% CITY, TOWN	OR LOCATION OF DE		9c. COUNT		
	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	Baltimore	10c. CF	TY, TOWN OR LOCA	TION				INSIDE CITY
FUNERAL	100. STREET AND NUMBER 58 Garden Ridge	Road		10	21228		10g. CITIZE		YES 2 TAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF	ES 2 NO	If yes, sp	ecity Cuban, Maxical 2 NO Specify	IIC ORIGIN? (Specify Yer n, Puerlo Ricen, etc.)	s or No- 1	Black, V Specify:	American Individual American Individual Indi
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ON st of working	16b. KINO OF BU		STRY	willte
COMP	17. FATHER'S NAME (First, Middle, Lest)		Electrician 18. MOTHER'S			Citicorp NAME (First, Middle, Malden Surname)			
TO BE	James Wilson Ollie Acuff 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					ode)			
Ē	Mary E. Wilson 58 Garden Ridge Road 20a. METHOD OF OISPOSITION 20a. METHOD OF OISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Company) Company Com								
	4 □ Donation 5 □ Other (Specify) 21. SIGNATULE OF FUNERAL SERVICE		Baltimore	e Nation 22. NAME AI Steri	LING ASIN	2/14 Ba con Funera n Avenue	T HOWE	e, M	d. c
TION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch sa cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): NON INSULIN DEPENDENT DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):								
BY PHYSICIAN: MEDICAL CI	PERFORMED? 1 VES 2 (NO OF					RE AUTOPSY FI MILABLE PRIOR MPLETION OF C DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Che				
	27. MANNER OF OEATH 1 Inpatient 2 tyr ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation 2 tyr ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO NURSING HOW INJURY OCCURED								
ETED	3 Sulcida 6 Could not be detarmined 289. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPL	(Check only 1 CERTIFYING PHY								
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUM		29d. DATE S		

32. REGISTRAR'S SIGNATURE the Day doon - Randelle

Day, Year) 1 1992

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dear contract the dear contract to the hospital of	10 TH	De filer	connection is the control on these 69 above and infines as the second of a second or modified of another
4 Miles	-		

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH Whittington

BER S. SEX) EDWARD W. WHITTINGTON YEAR EdWIN 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (in yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217201913 68 US 1 M 2 - F 31 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Hospital Mercy Ho Baltimore DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mo Bultionere 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4600 leton Or 21215 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexicen, Puerlo Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTR (Specify only highe Elementary/Secondary (0-12) PUBLIC SERVENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) DORSEY WHITTINGTON CLARA WILLIAM E. WHITTINGTON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5202 GWYN OAK AVE. BALTO. MD.21207 ESTHER WHITTINGTON 20a. METHOD OF DISPOSITION

1XXBurlel 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- Cify or Town, State WOODLAWN O'CEM' 02-15-92 BALTIMORE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1300EUTAW PLACE BALTIMORE MARYLAND 21217 ESTEP RROTHERS FUNERAL HOME P 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition_ Preumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Parkinson's Disease CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Dthar significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? Congestire heart fairure 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER 1 TYES 2 NO 1 V Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c, INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

One)

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One (Check only one)

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One (Check only one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Baltimore

DHMH-16 Rev 1/89

